MedicAide
An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid January 2003

In this issue:

Information Releases

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

Advantages of the Online Provider Resources

For providers who have Internet access there are several advantages to retrieving the Idaho Medicaid provider resources from the State Internet site. These include:

- Anyone at a service location with access to the Internet can get to the resources and work directly online or download them to their own computer. In offices with limited access, a user may download any resource and share them with other users either through a LAN or by copying it to diskette.
- Users may print as many paper copies as they want and distribute them to everyone who needs a copy. Users may also copy information from online resources and 'paste' it into other documents such as office guidelines.
- Most of the online resources are searchable. As an example, if the user wants information on a specific procedure code, he or she may do a word search in the provider handbook and go directly to every reference in the document.
- The online version is up-to-date.

The following is a sample of the resources available online. They are all accessed from www.idahohealth.org. Select Medicaid, select Information for Providers. The Web address is given for each resource and may be used to go directly to the Website.

- Provider Handbooks: www2.state.id.us/dhw/medicaid/provhb/index.htm
- Information Releases: www2.state.id.us/dhw/medicaid/inf/mir.htm
- Medicaid Newsletters: www2.state.id.us/dhw/medicaid/MedicAide/past_issues.htm
- Pharmacy information: www2.state.id.us/dhw/medicaid/providers/pharmacy.htm
- Fee Schedule: www2.state.id.us/dhw/medicaid/fee_schedule.htm

Some of the files on the Website are formatted in Portable Document Format (pdf). They require Adobe® Acrobat Reader® to access. Many of the newest computers and browsers come with the Reader built in. If yours does not, you may download it for free directly from Adobe. Go to www2.state.id.us/dhw/gen_info/acrobat.htm. Select the "Download Reader." button. Follow the instructions given. (Step 2 is optional; you do **not** have to give your email address or company.) Once you have installed Acrobat Reader, you may view **any** pdf file on the Internet.

Note: In January, *EDS* will be mailing out the revised Idaho Medicaid Provider Handbook in CD-ROM format to all active providers. This release will include updates to 10 provider handbooks and Sections 1 and 2. The handbook will be in the same format as the Web version allowing greater flexibility in use, easy distribution, as well as having the advantages of using an online document including word searches, copy and paste to other documents, and immediate access.

Submitted by *EDS*

Adjust or Resubmit?

A common difficulty for providers is knowing when to make an adjustment request and when to resubmit a claim for payment. To make that decision it is important to understand the status of the claim. Once a claim is submitted to *EDS* for payment, it falls into one of three categories: paid, denied, or pended.

A claim with a **paid** status has been entered into the electronic system, checked for errors, and approved for payment. A claim with a **denied** status has been disallowed for some reason. A very common denial is for 'duplicate claim'. A claim with a **pended** status has been suspended in the system until a claims adjudicator can determine if the claim should be moved to a paid or denied status.

When a provider discovers a billing error, they are required to correct the error immediately. Pended claims cannot be corrected because they have not completed processing. Only denied and paid claims can be corrected. Denied claims can corrected and re-billed; paid claims cannot. Paid claims must be adjusted.

Denied claims and lines may be corrected and re-billed; paid claims are adjusted with an ajdustment request form.

A denied claim can be corrected with a new claim that includes all necessary attachments and any ICNs from previous claims to document timely filing.

A paid claim can only be corrected with an adjustment request form; a new claim **cannot** be used to correct a paid claim. Writing "*corrected claim*" on a paper claim will not fix the earlier error because this new claim will be denied as a duplicate claim. Instead, use an adjustment request form to notify *EDS* of the billing error and **either** to request further payment if the provider was underpaid for the service **or** to send a refund if the provider was overpayed for the service. The adjustment request form is used to correct either an entire claim or just a particular line on a claim.

Adjustment request forms are in the provider handbook forms appendix and on the Web at: www2.state.id.us/dhw/Medicaid (select Information for Providers, Provider Handbooks, Appendix for Forms). Complete instructions are included in the appendix with the form. The form and/or instructions can be printed and copied as many times as needed.

To complete the form, enter the provider name, address and provider number, as well as the ICN, client identification number, and client name. The RA number and RA date are helpful but not required. In Field 9, state simply what the incorrect information was and what the correct information should have been on the claim. If there is more than one detail line for the claim, specify which line needs to be corrected. No explanation is required; just state the correct information. In Field 10, mark the appropriate selection to make a refund by check (made out to Idaho Medicaid), request that an overpayment be deducted from a future warrant, or ask for additional payment. The adjustment request must be signed and dated. Mail it to *EDS* at the address at the top of the form. Faxed copies are not accepted and will be returned to the provider.

If you have questions about adjustments contact your regional *EDS* Provider Services Consultant listed on page 5 of this newsletter.

Remember: denied claims and lines may be corrected and re-billed; paid claims are adjusted with an adjustment request form.

Submitted by *EDS*

DHW Phone Numbers Addresses Web Sites

DHW Websites:
www.idahohealth.org
www2.state.id.us/dhw
www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

DHW Customer Service
(800) 378-3385
(208) 334-5795

Idaho Careline
211 (not available in all areas)
(800) 926-2588

Provider Fraud and Utilization Review
P. O. Box 83720
Boise, ID 83720-0036
(866) 635-7515 (toll free)
(208) 334-0675
Email:
~medicaidfraud&sur@idhw.state.id.us
(note: begins with ~)
Internet:
www2.state.id.us/dhw/Medicaid/providers/fraud.htm

Healthy Connections
Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766

Region II - Lewiston
(208) 799-5088
(800) 799-5088

Region III - Caldwell
(208) 455-7280
(800) 494-4133

Region IV - Boise
(208) 334-4676
(800) 354-2574

Region V - Twin Falls
(208) 736-4793
(800) 897-4929

Region VI - Pocatello
(208) 239-6260
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945

Spanish Speaking
(800) 862-2147

Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5795
(800) 378-3385

Prior Authorization Phone Numbers Addresses Web Sites

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

EMS Review Unit
(800) 362-7648
(208) 334-2484
Fax
(800) 359-2236
(208) 334-5242

PCG
P.O. Box 2894
Boise, ID 83701
(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

Pharmacy
P.O. Box 83720
Boise, ID 83720-0036
(877) 200-5441 (toll free)
(208) 364-1829
Fax (208) 364-1864
Web: www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

Qualis Health (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax (800) 826-3836 or
(206) 368-2765

Qualis Health Website
www.qualishealth.org/idahomedicaid.htm

Transportation Prior Authorization Unit
(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

Attention Pharmacies

- Effective January 1, 2003, ranitidine **capsules** in both the 150mg and 300mg strengths, will require prior authorization. New SMAC pricing for these products is available on the Medicaid Web site.
- Additions and deletions to the Medicaid Federal Upper Limit (FUL) listing are available on the Medicaid Web site, link to Federal site. Most recent changes are dated December 1, 2002.
- Zetia ® (ezetimibe), a new agent recently released for treatment of hypercholesterolemia, is currently only being reimbursed by Medicaid through the prior authorization process. Clients must have failed diet therapy and monotherapy with a HMG-CoA Reductase Inhibitor as a minimum requirement. Complete criteria for approval and a copy of the prior authorization form are available on the Medicaid Pharmacy website.
- Updated criteria and a new prior authorization form have been added to the Department's Website for Xenical® (orlistat) coverage. Coverage was previously restricted to hypertriglyceridemia, but has been expanded to include obesity with hypertriglyceridemia in patients failing diet and exercise alone. To qualify for coverage, patients must meet criteria set by the Department and be monitored monthly for continued success. The prior authorization form and criteria are available on the Medicaid web site.

Submitted by DHW

Transportation Providers

Reminder - Per Medicaid Information Release #2001-33 dated December 4, 2001, effective January 1, 2002:

> The reimbursement rate for Individual Non-Commercial Transportation providers is $.10 (ten cents) per mile/per vehicle. This applies to both medical and non-medical (Waiver) transportation and includes the following procedure codes: 0090A, 0097A, 0080P, 0080T, and 0080B.

Submitted by DHW

January Office Closure

The Department of Health and Welfare and *EDS* offices will be closed for the following State holiday:

Martin Luther King, Jr. Day, January 20

A reminder that MAVIS, the Medicaid Automated Voice Information Service, is available on State holidays at:

1-800-685-3757 (toll-free) 1-208-383-4310 (Boise local)

HIPAA and Local Codes

Historically, the Centers for Medicare and Medicaid Services approved the usage of state-specific procedure codes to address needs that arose from insufficient national code availability. The Health Insurance Portability and Accountability Act (HIPAA) requires that all state-specific procedure codes be eliminated before October 16, 2003. These codes, also knowns as "local codes" are those that typically have four (4) numbers followed by a letter. For example, code 8191A is considered a state-only or local code.

The Idaho Local Code Workgroup is systematically working to eliminate the currently used local codes. The group has identified all local codes used in Idaho and is diligently working on identifying replacements for these codes in the approved national codes.

Since many replacements for the local codes have only recently become available with the release of the 2003 approved codes, the elimination schedule will be determined after a thorough evaluation can be made. This local code elimination schedule will be published in the March *MedicAide* newsletter. Decisions related to specific local codes will be communicated through the information release process.

For questions concerning local codes, contact the Department of Health and Welfare, HIPAA HelpLine at 332-7322.

Submitted by DHW

Appeals and Reviews

To request a review of how a claim processed or payment of a particular service, submit the request on an adjustment request form.* Medicaid can only reimburse to the Idaho Medicaid allowed amount. This amount can be found on the Idaho Medicaid Fee Schedule which is located on the Internet (see page 1 of this newsletter for the Web address). Providers are to bill their usual and customary charges to Medicaid.

EDS will review requests received and send a written explanation if the claim was processed correctly. If the claim processed incorrectly, the claim (if submitted on a paper claim form) will be resubmitted and reprocessed.

Additional information regarding appeals can be found in Section 2 of your Idaho Medicaid Provider Handbook.

* Adjustment request forms are in the provider handbook appendix and on the Web at: www2.state.id.us/dhw/Medicaid. Select Information for Providers, Provider Handbooks, Appendix for Forms). Complete instructions are included in the appendix with the form.

Submitted by *EDS*

EDS Phone Numbers Addresses

MAVIS
(800) 685-3757
(208) 383-4310

EDS
Correspondence
PO Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
PO Box 23
Boise, ID 83707
PCS & ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Provider Fax
(208) 395-2198

Client Assistance Line
Toll free: (888) 239-8463

H I P A A
DHW HIPAA Project

Mail:
DHW HIPAA Project
DHW
PO Box 83720
Boise, ID 83720-0036

Email:
HIPAAComm@idhw.state.id.us

Fax:
DHW HIPAA Project
(208) 334-0645

Internet:
www.idahohealth.org
(select H&W HIPAA quicklink)

Software Testing:
(866) 301-7751

EDS Phone Numbers Addresses

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., # 102
Coeur d'Alene, ID 83814

prudie.teal@eds.com
(208) 666-6859
(866) 899-2512 (toll free)
Fax (208) 666-6856

Region 2
JoAnn Woodland
1118 F Street
P.O. Drawer B
Lewiston, ID 83501

joann.woodland@eds.com
(208) 799-4350
Fax (208) 799-5167

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605

mary.jeffries@eds.com
(208) 455-7162
Fax (208) 454-7625

Region 4
Jane Hoover
1720 Westgate Drive, # A
Boise, ID 83704

jane.hoover@eds.com
(208) 334-0842
Fax (208) 334-0953

Region 5
Penny Schell
2241 Overland Avenue
Burley ID 83318

penny.schell@eds.com
Burley: Tuesday & Friday
(208) 677-4002

Twin Falls: Mon, Wed, Thurs
(208) 736-2143
Fax (208) 678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201

sheila.lux@eds.com
1-208-239-6268
Fax 1-208-239-6269

Region 7
Bobbi Woodhouse
150 Shoup Avenue
Idaho Falls, ID 83402

bobbi.woodhouse@eds.com
(208) 528-5728
Fax (208) 528-5756

Just say the word...

This column is a regular feature to help providers use the Medicaid Automated Voice Information Service, **MAVIS**. Tips are shared each month to make it even more convenient to call **MAVIS** and get needed information.

Dear MAVIS:
I'm a dentist and am concerned that the information I receive when checking service limits for exams and fluoride treatments is not correct. Can you verify that the information I am getting is accurate? -- Not Quite Sure

Dear Sure:
Thank you for helping us find an error in our system! *EDS* has determined there were certain codes that were not returning correct information. *EDS* has looked at **all** the service limits for dental procedures and updated the appropriate lists. You can now be sure that the information you receive on service limits is correct and dependable. We apologize for for any trouble this caused you.

Dear MAVIS:
I sometimes need to check claim status using the date of service, provider and client numbers, and billed amount. Can I check further back in history then 4 months? -- Needs More History

Dear History:
I have great news! You can now check claim status for a full **two years** from the current date using the date of service, provider and client numbers, and billed amount. Of course, if you use the ICN, you can check even further back in history.

Dear MAVIS:
When verifying eligibility for a client, I was told that the system was currently unavailable and transferred to a provider service representative. After talking to the provider service representative, I found out that the client had passed away. Why does MAVIS make you talk to the provider service representative team for deceased clients? -- Scratching My Head

Dear Scratching:
There was a problem with the response that MAVIS was receiving on queries like yours. This issue has been fixed and will now report the client is eligible through the date of death. If you ask for a date that is after the date of death we have on file, then the response will be that the client is not eligible. This also means that if you have a range of service dates that spans the date of death, MAVIS will only report eligible dates. As an example:

A provider wants to check eligibility for the full month of November. The client died on November 18th. MAVIS will report that the client was eligible from November 1st to November 18th. MAVIS will **not** state that the client died.

Submitted by *EDS*

New Procedures Requiring Prior Authorization

New procedures requiring prior authorization through QualisHealth have been added to the Select Pre-Authorization Review List. Included are total knee replacement, spinal fusion, stem cell transplant and hysterectomy. The new codes require pre-authorization review effective January 1, 2003. Penalties will not be assessed for late review of these codes until March 1, 2003. A revised list is included in this issue on pages 6-7. A new list of procedures that require prior authorization by Department review is also included on pages 8-9. Questions may be directed to Arlee Coppinger in Operations at (208) 334-5754.

Submitted by DHW

SELECT PRE-AUTHORIZATION LIST OF DIAGNOSES AND PROCEDURES FOR IDAHO MEDICAID AND DIVISION OF FAMILY AND COMMUNITY SERVICES CLIENTS
Revised January 2003

PRE-AUTHORIZATION LIST REQUIRING QUALIS HEALTH REVIEW
Phone 1 800-783-9207 Fax 1 800-826-3836

All surgical procedures on this list require pre-authorization for inpatient and outpatient services.

Procedure	**ICD-9-CM Code October 2002**	**CPT Code January 2003**
Arthrodesis (Spinal Fusion)	78.59 81.00 through 81.08 81.30 through 81.39 **81.61 effective 1/1/2003**	22548, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22851, 27280
Hysterectomy		
Abdominal	68.3	58180, 59135, 59525
	68.4	58150, 58152, 58200, 58951, 59135, 59525
	68.6	58210
Vaginal	68.51 68.59	58550, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, **58290, 58291, 58292, 58293, 58294 effective 1/1/2003**
Laparoscopic	68.7	
Radical		58953, 58954
Other and Unspecified	68.9	
Laminectomy/Diskectomy	03.02 03.09 03.1 03.6 80.50 80.51	63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63172, 63173, 63180, 63182, 63185,63190, 63191, 63194, 63195,63196,63197, 63198, 63199, 63200
Reduction Mammoplasty Unilateral, Bilateral	85.31, 85.32	19318

NOTE: ***A post-discharge retrospective chart review will be conducted in addition to the pre-admission review for all reduction mammoplasty. QualisHealth will initiate a request to the facility to obtain the medical record for review.***
Be advised that in most circumstances, Idaho Medicaid does not cover contra-lateral mastectomy and secondary reconstruction procedures.

Total Hip Replacement	81.51	27130
Revision	81.53	27132, 27134, 27137, 27138
Partial Hip Replacement	81.52	27125
Total Knee Replacement	**81.54**	**27445, 27446, 27447**
Revision	**81.55 Effective 1/1/2003**	**27486, 27487 Effective 1/1/2003**

Continued on page 7

SELECT PRE-AUTHORIZATION LIST OF DIAGNOSES AND PROCEDURES REQUIRING QUALIS HEALTH REVIEW

All surgical procedures on this list require pre-authorization for inpatient and outpatient services.

Continued from page 6

Procedure	**ICD-9-CM Code October 2002**	**CPT Code January 2003**
Transplants		
Bone Marrow Transplant		
Autologous	41.00, 41.01, 41.04, 41.07, 41.09	38241
Allogenic	41.02, 41.03, 41.05, 41.06, 41.08	38240, **38242 effective 1/1/2003**
Liver Transplant	50.59	47135, 47136
Kidney Transplant	55.61 55.69	50380 50360, 50365
Intestinal Transplant (effect 4/1/01)	46.97	44133, 44135, 44136
Heart Transplant (Note: Transplant facilities must be Medicare approved.)	37.5	33945
Alcohol and Drug Rehabilitation and Detoxification **Inpatient Only**		
Alcohol Rehabilitation	94.61	90899
Alcohol Detoxification	94.62	90899
Alcohol Rehabilitation and Detoxification	94.63	90899
Drug Rehabilitation	94.64	90899
Drug Detoxification	94.65	90899
Drug Rehabilitation and Detoxification	94.66	90899
Combined Alcohol and Drug Rehabilitation	94.67	90899
Combined Alcohol and Drug Detoxification	94.68	90899
Combined Alcohol and Drug Rehabilitation and Detoxification	94.69	90899
Psychiatric Admissions (Diagnosis Codes) **Inpatient Only**	291.0 through 314.0	
Physical Rehabilitation Care involving use of rehabilitation procedures **Inpatient Only**	V57 (Diagnosis Code) This includes admission to all rehabilitation facilities, regardless of diagnosis.	

Revised January 2003

Idaho Medicaid Medical/Surgical Procedures Requiring Dept Pre-Authorization

Prior approval is required for any reconstructive, plastic, cosmetic or elective surgery not listed below or which is not on the Select Pre-Auth List requiring Qualis Health Review. Revised January 2003

Proc	Description
0329	Other chordotomy
15831	Excessive skin and subcutaneous tissue; abdomen
15877	Suction assisted lipectomy; trunk
17106	Destruction of cutaneous vascular proliferative lesions; less than 10 sq cm
17107	Destruction of cutaneous vascular proliferative lesions; 10.0 - 50.0 sq cm
17108	Destruction of cutaneous vascular proliferative lesions; over 50.0 sq cm
19324	Mammaplasty,augmentation w/o prosthetic implant
19325	Mammaplasty with prosthetic implant
19328	Removal of intact mammary implant
19330	Removal, breast implant
19340	Immediate insertion of breast prosthesis
19342	Delayed insertion of breast prosthesis
19350	Reconstruction, nipple/areola
19357	Breast reconstruct w/tissue expander include subsequent expansion
19361	Breast reconstrust w/latissimus dorsi flap, w/wo prosthetic implant
19364	Breast reconstruction with free flap
19366 through 19371	Breast reconstruction
19380	Revision of reconstructed breast
19499	Unlisted procedure, breast
29999	Unlisted procedure, arthroscopy
30462	Rhinoplasty; tip, septum, osteotomies
36521	Therapeutic apheresis; with adsorption and plasma reinfusion
37700	Ligation & division of long saphenous vein at saphenofemoral junction
37720	Ligation, division & complete stripping of long or short saphenous veins
37730	Ligation, division & complete stripping of long and short saphenous veins
37735	Ligation, division & complete stripping of long or short saphenous
37760	Ligation of perforator veins, subfascial, radical
37780	Ligation & division of short saphenous vein
37785	Ligation, division and/or excision of recurrent or secondary varicose veins
3859	Leg varicose veins ligation & stripping
43842	Gastric restrictive procedure-Medicare crossover only
43843	Gastroplasty, other than vert-banded, w/o bypass
43846	Gastric bypass, with roux-en-y gastroenterostomy
43847	Gastric procedure; w/bowel reconstruction
43850	Revision of gastroduodenal ansatomosis w/reconstruction
4431	High gastric bypass
4439	Gastroenterostomy nec
48160	Pancreatectomy
5051	Auxiliary liver transplant, leaving patients own liver in situ
52640	Resection, prostate
59866	Multifetal pregnancy reduction(s)
61885	Incision subcutaneous place cranial neurostimulator
64573	Incision for implant of neuro electrodes, cranial nerve
69930	Cochlear device implant; w/wo mastoidectomy
74799	Unlisted pulmonary procedure
78459	Myocardial imaging, PET, metabolic evaluation
78491	Myocardial imaging, PET, perfusion; single study at rest or stress
78492	Myocardial imaging, PET, perfusion; multiple studies at rest and/or stress
78608	Brain imaging,positron emission tomography (PET)
78609	Perfusion evaluation

Continued on page 9

Idaho Medicaid Medical/Surgical Procedures Requiring Dept Pre-Authorization

Continued from page 8

78810	Tumor imaging, PET, metabolic evaluation
8553	Unilat breast implant
8554	Bilateral breast implant
857	Total breast reconstruct
8583	Breast full-thick graft
8584	Breast pedicle graft
8585	Breast muscle flap graft
8587	Nipple repair nec
8593	Breast implant revision
8594	Breast implant removal
8595	Insert breast tiss expand
8596	Remove breast tissue expand
8599	Breast operation nec
8683	Size reduct plastic op, liposuction
87903	Phenotype analysis by DNA/RNA, HIV 1, first through 10 drugs tested
87904	Phenotype analysisby DNA/RNA, HIV1, each additional 1 through 5 drugs
88235	Tissue culture for chromosome analysis, amniotic
88267	Chromosome analysis, amniotic fluid
88280	Chromosome analysis, amniotic fluid
97039	Unlisted modality; constant attendance
97139	Physical medicine treatment unlisted procedure
97799	Unlisted physical medicine service or procedure
9999	Non-op procedure nec
G0125	PET imaging regional or whole body; single pulmonary nodule
G0210 through G0230	PET imaging
G0252 through G0254	PET imaging

November 25, 2002

MEDICAID INFORMATION RELEASE # MA02-32

TO: ALL MEDICAID PROVIDERS BILLING MEDICARE PART B CROSSOVER CLAIMS

FROM: PAUL SWATSENBARG, Deputy Administrator, Division of Medicaid

SUBJECT: REIMBURSEMENT METHODOLOGY UPDATE

Medicaid Information Release #2002-11 outlined the new reimbursement methodology for the processing of Medicare/Medicaid crossover claims effective May 1, 2002. Based on further clarification from CMS (Center for Medicare/Medicaid Services) and comments from providers, the system has been changed to insure that, for claims submitted electronically, the **total payment will not exceed the Medicare allowed amount.**

Hospital providers submitting paper claims for Part B services need to add the contractual adjustment to the Medicare payment and enter the total in field 54 (Prior Payments).

Non-Hospital providers submitting crossover claims on **paper** need to enter the Medicare allowed amount in field 28 as the billed amount.

Some providers may have received overpayments for claims processed from May 1, 2002, to date. If this is the case, adjustments need to be made using either of the following procedures:

- Submit an adjustment for each claim following the procedure outlined in the Provider Handbook, or
- Submit a refund check for overpayments including a statement with information such as the ICN (Internal Control Number), patient's name and MID (Medicaid Identification Number), date of service, and the amount of the overpayment.

If you have any additional questions, please contact Elvi Antonsson at 208-334-5795, ext. 17 for assistance.

Your continued participation in the Idaho Medicaid Program is appreciated.

PS/ea

November 12, 2002

MEDICAID INFORMATION RELEASE #2002-42

TO: **PHYSICIANS AND OTHER PROVIDERS OF CLOZAPINE CARE COORDINATION**
FROM: PAUL SWATSENBARG, Deputy Administrator, Division of Medicaid
SUBJECT: **Cessation of Reimbursement for Clozapine Care Coordination**

Clozapine is a psychotropic medication that requires coordination and close medical oversight. Currently Clozapine is the only medication for which Medicaid makes a separate payment for care coordination.

Effective December 1, 2002, Medicaid will cease this practice, and procedure code 9640M will no longer be valid. Care Coordination is included when billing the CPT Evaluation and Management codes for clients needing Clozapine care coordination. If you have any questions, please contact Carolyn Burt-Patterson at 208-334-5795, ext. 18.

Your participation in the Idaho Medicaid program is appreciated.

PS/ea

January 1, 2003

MEDICAID INFORMATION RELEASE MA02-45

TO: **Durable Medical Equipment (DME) Providers**
FROM: Paul Swatsenbarg, Deputy Administrator, Division of Medicaid
SUBJECT: **Prior Authorization on Heavy Duty Walker**

Effective for dates of service on or after April 01, 2002, the Department now requires prior authorization for HCPCS code ***E0147****, Heavy duty, multiple breaking system, variable wheel resistance walker. "Medicare covers "safety roller" walkers only in patients with severe neurological disorder or restricted use of one hand. In some cases, coverage will be extended to patients with a weight exceeding the limits of a standard wheeled walker."* (HCPCS Level II Expert 2002)

The Department currently follows the 2001 CIGNA Medicare DMERC guidelines; please refer to these guidelines for additional information. All prior authorization requests should be faxed to 1-800-352-6044, DME Prior Authorization Unit.

Please refer all questions regarding this information to Colleen Osborn (208) 334-5795, ext. 16. For questions regarding a prior authorization, please contact the DME Prior Authorization Unit, 1-866-205-7403.

Thank you for your continued participation in the Idaho Medicaid program.

PS/co

Information Releases on Web

To obtain a copy of any current information release, please check the DHW website at **www2.state.id.us/dhw** and select **Medicaid**. If you do not have access to the Internet or do not see the specific release listed and would like a copy, please call (208) 334-5795 and press ext 10.

November 29, 2002

MEDICAID INFORMATION RELEASE 2003-02

TO: **CASE MANGEMENT PROVIDERS**
HCBS Waiver for DD Adults Providers
HCBS Waiver for Aged/Disabled Providers
HCBS Waiver for TBI Providers
Nursing Home Administrators
ICFs/MR Administrators

FROM: Paul Swatsenbarg, Deputy Administrator, Division of Medicaid

SUBJECT: BUDGET HOLDBACK UPDATE

You recently received Information Release MA02-39 regarding program changes resulting from the need to meet a balanced state budget.

The Governor has asked that the changes in the level of care eligibility for the Aged & Disabled Waiver, Traumatic Brain Injury Waiver, and the Developmentally Disabled Waiver be put on hold.

This means the eligibility for people currently served by the waivers and new applicants for nursing homes, intermediate care facilities, and waivers does not change.

The Department is also delaying the implementation of the reduction in case management services for the mentally ill until December 16, 2002. This will not affect the implementation date of December 1, 2002 for reimbursement changes related to service coordination for persons with developmental disabilities or residential habilitation affiliation.

If you have any questions about this information call the Medicaid Customer Services Unit at (208) 334-5795 Ext. 4 locally or 1-800-378-3385.

December 1, 2002

MEDICAID INFORMATION RELEASE # MA03-03

TO: **PROVIDERS OF A & D AND PERSONAL CARE SERVICES**

FROM: PAUL SWATSENBARG, Deputy Administrator, Division of Medicaid

SUBJECT: Change in Reimbursement Rate for Procedure Code 0501P

Effective for dates of service on or after December 1, 2002, the following changes have been made to reimbursement for procedure code 0501P:

- The reimbursement rate will be changed to $63.37. Previously the rate included the assessment and care plan development for children and adults. From now on, these services will be separated. If **both** services are provided (assessment and care plan development) two units may be billed.
- Agencies billing for adult PCS care plans may bill for one unit.
- Agencies billing for PCS assessments **and** care plans for children may bill for two units.

The above services still require prior authorization from the Regional Medicaid Services (RMS) unit.

If you have any questions, please contact Christine Cuellar at (208) 364-1891.

Your participation in the Medicaid program is appreciated.

PS/ea

EDS
P.O. Box 23
Boise Idaho 83707

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BOISE, ID
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E

IDAHO DEPARTMENT OF HEALTH & WELFARE

Attention: Business Office

Provider Praises SPBU and Electronic Billing

A recent provider graduating from the Small Provider Billing Unit training program had this to say about her experience:

"Jeannie is an excellent lady. She was always there if I had any questions or concerns about my billing. It's been a great pleasure having her train me in the EDS ECMS. I would like to thank Jeannie. Electronic billing is the way to go."

If you would like to learn more about the training available from the SPBU, contact MAVIS at (800) 685-3757 or (208) 383-4310 and ask for *AGENT*.

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:
Becca Ruhl,
Administrative Assistant
Division of Medicaid

Cynthia Brandt,
Publications Coordinator,
EDS

If you have any comments or suggestions, please send them to:

ruhlb@idhw.state.id.us

or

Becca Ruhl
DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036

Fax: (208) 364-1911

MedicAide
An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **February 2003**

In this issue:

Information Releases

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

How to Submit Institutional Part B Medicare Crossover Claims

The following information is intended to help Institutional providers submit Medicare Part B crossover claims to the Idaho Medicaid program.

As a result of the pricing methodology implemented in May 2002, Institutional Part B crossover claims are now captured and processed at the detail level. Therefore, providers must report the detail information.

Billing for services may be combined or "rolled up" and billed on a single line when:

- the revenue codes are the same
- the revenue codes do **not** require a CPT code
- the services are provided on the same day

Rolling up the revenue codes will allow you to use fewer detail lines and, therefore, not exceed the limit of 23 detail lines on the paper UB-92 claim form. The *Idaho Medicaid Provider Handbook for Hospitals* has a list of all the revenue codes used by the Idaho program. The listing also indicates which revenue codes require a CPT code.

Example

If a client received multiple sessions (modalities) of a single type of therapy (physical, occupational, speech, etc.) in one day, total sessions per revenue code must be billed on one line. For example: the patient receives 3 sessions of physical therapy and 2 sessions of occupational therapy on 10/02/2002. On 10/04/2002, the patient receives 2 of physical therapy and 4 sessions of occupational therapy. The claim should be billed as follows:

420	10022002	3
430	10022002	2
420	10042002	2
430	10042002	4

Therapy revenue codes do not require corresponding CPT codes and therefore like therapies on the same day may be "rolled up" into one line using the appropriate number of units.

How to Submit Split Claims

If you have rolled up all the appropriate revenue codes and the claim still has more than 23 detail lines, then you must split the claim into two or more separate claims. Each of these claims must stand alone with a copy of the Explanation of Medicare Benefits (EOMB). Each claim must include a percentage of the prior payments made by Medicare and contractual adjustments that is equal to the services listed on the claim. As you prepare the claim be sure to follow these guidelines:

- The to and from dates of service in Field 6 on each claim should cover the entire period and match the period given on the EOMB.

Continued on page 2

How to Submit Institutional Part B Medicare Crossover Claims

continued from page 1

- Each claim must state *SPLIT CLAIM* in Field 84.
- Each individual claim must be totaled separately.
- Each individual claim must be submitted with its own copy of the EOMB.
- Prior Payments in Field 54 will show the contractual adjustment and Medicare payment. **However**, the amount you enter will be a **percentage** of the total amount shown on the Medicare EOMB.

How to Calculate the Prior Payment Percentage for Field 54

To calculate the prior payment percentage for each Medicaid claim in a split claim you will need four numbers: the total amount of the covered charges (from the Medicare EOMB), the total amount paid by Medicare (from the EOMB), the total amount of the contractual adjustment (from the EOMB), and the total amount from the detail lines on the individual Medicaid claim.

Step 1 Divide the total amount from the detail lines by the total amount of covered charges. This will give you a percentage.

Step 2 Add the total paid by Medicare to the total contractual adjustment. This will give you the Medicare reimbursement total.

Step 3 Multiply the Medicare reimbursement total by the percentage from Step 1.

Step 4 Enter this amount into Field 54 (Prior Payments).

Step 5 Subtract this amount from the detail lines total and enter this new amount in Field 55 (Est. Amount Due).

Step 6 Repeat for each Medicaid claim.

When you are done, the total of all of the detail lines from all of the Medicaid claims will equal the Medicare covered charges; the total of all prior payments (Field 54) will equal the contractual adjustments plus the Medicare reimbursement; and the total of all detail lines minus the total of all prior payments will equal the total of all estimated payments due (Field 55).

Example: The total amount for all covered charges is $10,000. From the Medicare EOMB, the contractual adjustment is $6,000 and the Medicare reimbursement is $2,000.

1st Medicaid claim:	Total billed on claim	7,500	75% of total charges
	Amount in Field 54	6,000	75% of Medicare payment **plus** adjustment
	Amount in Field 55	$1,500	Amount due
2nd Medicaid claim:	Total billed on claim	2,500	25% of total charges
	Amount in Field 54	2,000	25% of Medicare payment **plus** adjustment
	Amount in Field 55	$500	Amount due

Submitted by *EDS*

Coming Soon!

Providers will receive a CD-ROM with the updated *Idaho Medicaid Provider Handbook.* They will be able to copy the files to their desktop computer(s) for use and/or print paper copies of all the materials they want.

The provider handbooks will be updated to include changes resulting from the implementation of HIPAA. The CD will be also include the new Provider Electronic Solutions (PES) software. This new software will allow providers to check eligibility online. (Pharmacy providers will also be able to submit claims.) By October 2003, PES will replace ECMS-PC for all providers.

DHW Phone Numbers Addresses Web Sites

DHW Websites:
www.idahohealth.org
www2.state.id.us/dhw
www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

DHW Customer Service
(800) 378-3385
(208) 334-5795

Idaho Careline
211 (not available in all areas)
(800) 926-2588

Provider Fraud and Utilization Review
P. O. Box 83720
Boise, ID 83720-0036
(866) 635-7515 (toll free)
(208) 334-0675
Email:
~medicaidfraud&sur@idhw.state.id.us
(note: begins with ~)
Internet:
www2.state.id.us/dhw/Medicaid/providers/fraud.htm

Healthy Connections
Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766

Region II - Lewiston
(208) 799-5088
(800) 799-5088

Region III - Caldwell
(208) 455-7280
(800) 494-4133

Region IV - Boise
(208) 334-4676
(800) 354-2574

Region V - Twin Falls
(208) 736-4793
(800) 897-4929

Region VI - Pocatello
(208) 239-6260
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945

Spanish Speaking
(800) 862-2147

Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5795
(800) 378-3385

Prior Authorization Phone Numbers Addresses Web Sites

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

EMS Review Unit
(800) 362-7648
(208) 334-2484
Fax
(800) 359-2236
(208) 334-5242

PCG
P.O. Box 2894
Boise, ID 83701
(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

Pharmacy
P.O. Box 83720
Boise, ID 83720-0036
(877) 200-5441 (toll free)
(208) 364-1829
Fax (208) 364-1864

Web: www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

Qualis Health (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax (800) 826-3836 or
(206) 368-2765

Qualis Health Website
www.qualishealth.org/idahomedicaid.htm

Transportation Prior Authorization Unit
(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

Just say the word...

This column is a regular feature to help providers use the Medicaid Automated Voice Information Service, **MAVIS**. Tips are shared each month to make it even more convenient to call **MAVIS** and get needed information.

MAVIS Improvements

In the last two months, several improvements have been made to the performance of the Medicaid Automated Voice Information Service (MAVIS). These include:

- ☎ The telephone company 'conditioned' all of the MAVIS phone lines to reduce the amount of static and other noises that might degrade the performance of voice recognition.
- ☎ *EDS* made programming changes that now allow providers to check claim status for a full two years from the current date using the date of service, provider and client numbers, and billed amount. (Users can check even further back in history with the ICN.)
- ☎ *EDS* also made changes that now allow providers to get eligibility information for deceased clients without having to talk to a provider service representative.

In addition to these performance improvements, providers are reminded that MAVIS has other features to help them use the system more efficiently:

Barge In: Experienced users of MAVIS can use the 'barge-in' feature to cut through any menu. Barge-in allows the user to jump to any option from anywhere in the system. There is no need to wait through the menus if you know the option you want - just say the option (after the MAVIS welcome message) and MAVIS will take you straight to it.

Keypad: The telephone keypad is a valuable tool for entering numeric data and for shortcuts. The only information you cannot enter with the keypad is procedure and EOB codes, client names, and mailing addresses. An example of a shortcut is: press 9 to skip MAVIS' greeting and go directly to the main menu.

When providers do need to speak to a provider service representative, 85% or more of all callers who call MAVIS and ask to speak to an agent reach a representative on the same call. The remaining calls go to voice mail. These calls are **always** returned on the same or next business day, and usually within a few hours.

For more information on using MAVIS, including detailed instructins on using the telephone keypad, see the MAVIS appendix in the Idaho Medicaid Provider Handbook.

Submitted by *EDS*

December 2, 2002

MEDICAID INFORMATION RELEASE #2003-01

TO: **RESIDENTIAL HABILITATION AGENCIES PROVIDING SUPPORTED LIVING SERVICES IN THE HOME OF THE CLIENT AND SERVICE COORDINATION AGENCIES**

FROM: PAUL SWATSENBARG, Deputy Administrator, Division of Medicaid
KEN DEIBERT, Administrator, Family and Community Services

SUBJECT: **1. Change in the Prior Authorization and Reimbursement Process for Clients Residing in Supported Living Arrangement**

2. Change in documentation requirements for ESC/TSC authorization for crisis assistance hours.

1. Effective December 1, 2002, the prior authorization/billing process for agencies providing supported living for 2 to 3 clients sharing a common living situation will change to better compensate agencies providing this service and reduce the need for the Targeted Service Coordinator (TSC) to create addendums to the Individual Support Plan (ISP) when the number of clients residing in a living situation changes.

Residential Habilitation agencies may bill the rate for the number of clients living in a dwelling when one client is out of the living arrangement for 24 hours or more. The ISP must reflect the need for this service. The Department may prior authorize up to 21 days annually per ISP at the next higher rate for the remaining client(s). The higher rate can only be billed for absences that are at least 24 hours in duration, for a billing period of midnight to midnight.

For example: If three clients reside in an apartment, each client is reimbursed at $6.44 (code 0507B) per hour. If one (1) client has an absence of 24 hours or more, the remaining two clients may be reimbursed at $7.80 (code 0506B) per hour. To implement this change will require that an addendum to the existing ISP for each client who resides in a 2 or 3 person living situation, but it can be added to new plans when the need for this service level is identified on the ISP. This adjustment to the ISP is based on the current living situation of the client when the ISP is developed. Only one additional code may be prior authorized for each ISP.

Procedure code 0912B for Residential Habilitation Agency affiliation to the direct service provider serving 1-3 clients who live in their own home or apartment or live in the home of a non-paid care giver is no longer valid. All supported living services must be provided by an agency employee.

2. As a result of the recent change in the monthly reimbursement rate for Targeted Service Coordination and EPSDT Service Coordination, (please refer to information release 2002-39) four (4) hours of documented service is required per month before crisis assistance authorization will be authorized. Previously the Department required five (5) hours of service delivery to be documented per month before crisis services would be authorized. Crisis assistance services, (TSC – 8261A and ESC- 9363P) will continue to be reimbursed at the current rate of $9.94 per unit.

If you have any questions regarding the prior authorization for supported living on the Individual Service Plan or TSC/ESC crisis authorization, contact your regional ACCESS staff. For questions about the deletion of code 0912B you may contact Mary Wells at (208) 364-1955.

Your participation in the Medicaid program is appreciated.

PS/KD/mw/ea

EDS Phone Numbers Addresses

MAVIS
(800) 685-3757
(208) 383-4310

EDS Correspondence
PO Box 23
Boise, ID 83707

Provider Enrollment
P.O. Box 23
Boise, Idaho 83707

Medicaid Claims
PO Box 23
Boise, ID 83707

PCS & ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Provider Fax
(208) 395-2198

Client Assistance Line
Toll free: (888) 239-8463

HIPAA

DHW HIPAA Project

Mail:
DHW HIPAA Project
DHW
PO Box 83720
Boise, ID 83720-0036

Email:
HIPAAComm@idhw.state.id.us

Fax:
DHW HIPAA Project
(208) 334-0645

Internet:
www.idahohealth.org
(select H&W HIPAA quicklink)

Software Testing:
(866) 301-7751

EDS Phone Numbers Addresses

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., # 102
Coeur d'Alene, ID 83814

prudie.teal@eds.com
(208) 666-6859
(866) 899-2512 (toll free)
Fax (208) 666-6856

Region 2
JoAnn Woodland
1118 F Street
P.O. Drawer B
Lewiston, ID 83501

joann.woodland@eds.com
(208) 799-4350
Fax (208) 799-5167

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605

mary.jeffries@eds.com
(208) 455-7162
Fax (208) 454-7625

Region 4
Jane Hoover
1720 Westgate Drive, # A
Boise, ID 83704

jane.hoover@eds.com
(208) 334-0842
Fax (208) 334-0953

Region 5
Penny Schell
2241 Overland Avenue
Burley ID 83318

penny.schell@eds.com
Burley: Tuesday & Friday
(208) 677-4002

Twin Falls: Mon, Wed, Thurs
(208) 736-2143
Fax (208) 678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201

sheila.lux@eds.com
1-208-239-6268
Fax 1-208-239-6269

Region 7
Bobbi Woodhouse
150 Shoup Avenue
Idaho Falls, ID 83402

bobbi.woodhouse@eds.com
(208) 528-5728
Fax (208) 528-5756

January 1, 2003

MEDICAID INFORMATION RELEASE #2003-04

TO: PROVIDERS BILLING FOR NON-ASSIGNED PART B MEDICARE SERVICES

FROM: PAUL SWATSENBARG, Deputy Administrator, Division of Medicaid

SUBJECT: Non-assigned Medicare Claims

Effective January 1, 2003, Medicaid will no longer accept claims for which providers have not accepted assignment when the electronic transmittal is received from CIGNA/Medicare. Such claims will not be listed on your Remittance Advice (R/A) as paid, denied or pending.

Physician services will not be reimbursed if assignment is not accepted. Other providers of non-assigned Part B services may bill in the following manner:

- Bill on paper (HCFA 1500)
- Enter the Medicare payment in field 29 (whether paid to the provider or the patient)
- Attach the Medicare EOB to the claim form.

If the Medicare payment has been made directly to the patient, you must obtain the EOB from the patient in order to bill Medicaid.

If you have any questions, please contact Elvi Antonsson at (208) 334-5795.

PS/ea

January 17, 2003

MEDICAID INFORMATION RELEASE 2003-05

TO: **TARGETED SERVICES COORDINATION AGENCIES, RESIDENTIAL HABILITATION AGENCIES, WAIVER SUPPORTED EMPLOYMENT PROVIDERS, DEVELOPMENTAL DISABILITIES AGENCIES, OTHER DD/ISSH WAIVER SERVICE PROVIDERS**

FROM: PAUL SWATSENBARG, DEPUTY ADMINISTRATOR, DIVISION OF MEDICAID
KEN DEIBERT, ADMINISTRATOR, FAMILY AND COMMUNITY SERVICES

SUBJECT: **STREAMLINING OF THE INDIVIDUAL SUPPORT PLAN (ISP) AND ADDENDUM PROCESS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES**

In response to the recent monthly rate reduction for Targeted Service Coordination, the Department has made some changes to the addendum and the Individual Support Plan (ISP) process for adults with developmental disabilities.

Training for the new ISP format will be available to providers in January. Targeted Service Coordinators (TSC) may implement this process after they have been trained by Regional staff; however, the process will be mandatory for initial or annual plans with a start date on or after March 1, 2003.

Service providers requesting changes to authorized services will submit ISP addendum to TSC. The service provider requesting the change is responsible for obtaining signed consent from the individual for the change, prior to submitting the addendum to the TSC. The TSC will mail, fax, or deliver the addendum to the Department for authorization. An exception to this process is when waiver services are added to an ISP, the TSC will initiate the addendum.

The ISP has also been modified with the intent of streamlining the planning process.

- The TSC will no longer be required to report participant outcomes for all supports and services identified on the plan, other than TSC services.
- Developmental Disabilities Agencies, Residential Habilitation Agencies, and other DD/ISSH Waiver providers will need to bring a status report for services and supports provided during the previous year to the person centered planning meeting or submit the information to the TSC prior to the meeting for discussion.
- TSCs will attach the status information to the ISP to be submitted to the Department for prior authorization of services to be included in the new plan.

If the status summary is not available to the TSC so it can be included with the ISP, the service provider will be responsible to provide the information to the Regional DD program for authorization.

The new format for the ISP will be available electronically and in hard copy as a Word document from each Regional DD program. Enclosed please find the new ISP pages and the revised ISP Checklist and Directions.

If you have questions about the new processes, please call your regional ACCESS unit contact person for assistance. Thank you for your continued participation in the Idaho Medicaid Program.

/cbp
Enclosures

Note: Information Release 2003-05 was sent to providers with the following enclosures:

ISP Checklist and Directions

HW0762.2 Field Test 1/03: ISP Supports and Services

HW0761 Field Test 1/03: ISP Supports and Services Addendum

These documents are available on the Internet at: www2.state.id.us/dhw/medicaid/inf/mir_2003.htm

January 17, 2003

MEDICAID INFORMATION RELEASE #2003-09

TO: **ALL NURSING FACILITY PROVIDERS**

FROM: Paul Swatsenbarg, Deputy Administrator, Division of Medicaid

SUBJECT: **Applying Patient Liability for Nursing Home Services**

Effective for dates of service on or after February 1, 2003, Medicaid will change the reimbursement methodology for Medicare Part A nursing facility crossover claims. The 1997 Balanced Budget Act (BBA) allows states flexibility in establishing the amount of payment for Medicare cost-sharing.

Currently Medicaid pays these crossover claims for the 21st through the 100th day of an inpatient nursing facility stay by paying the Medicare coinsurance and deductible. The new reimbursement methodology will deduct the patient liability, if any, before paying the lower of the Medicare or Medicaid allowed amount.

The new claims submission process is outlined below:

- Submit your claim form with a copy of the Medicare Summary Notice (MSN) attached.
- Enter the Value Code 31 and the patient liability in field 39 of the UB92 claim form. Enter the amount most recently available.
- Enter the Medicare payment in field 54 of the UB92 claim form.

The Medicaid payment is calculated by:

1. If the Medicaid allowed amount is equal to or less than the amount paid by Medicare and patient liability combined, no additional payment will be made.
2. If the Medicaid allowed amount is greater than the amount paid by Medicare and patient liability combined, the payment will be the difference between the Medicaid allowed amount and the Medicare payment and patient liability payment combined.

If you have any questions, please contact Elvi Antonsson at (208) 364-1810.

Thank you for your continued participation in the Idaho Medicaid Program.

PS/ea

Information Releases on Web

To obtain a copy of any current information release, please check the DHW website at **www2.state.id.us/dhw** and select **Medicaid**. If you do not have access to the Internet or do not see the specific release listed and would like a copy, please call (208) 334-5795.

EDS
P.O. Box 23
Boise Idaho 83707

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Attention: Business Office

February Office Closure

The Department of Health and Welfare and *EDS* offices will be closed for the following State holiday:

Presidents Day, February 17, 2003

A reminder that MAVIS
the Medicaid Automated Voice Information Service
is available on State holidays at:

1-800-685-3757 (toll-free) 1-208-383-4310 (Boise local)

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:
Becca Ruhl,
Administrative Assistant
Division of Medicaid

Cynthia Brandt,
Publications Coordinator,
EDS

If you have any comments or suggestions, please send them to:

ruhlb@idhw.state.id.us

or

Becca Ruhl
DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036

Fax: (208) 364-1911

MedicAide
An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid March 2003

In this issue:

Information Releases

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

HIPAA Changes for May 2003

Idaho Medicaid is preparing to implement the second of several releases related to HIPAA transactions. The purpose of this article is to provide a high-level overview of how these changes will impact you in May 2003.

Changes for Pharmacy Providers

Beginning in May 2003, retail pharmacy providers submitting electronic claims will be required to use the NCPDP 5.1 format for billing Idaho Medicaid claims. If you do not use this new format, your claims will be denied. You will need to be prepared to make a cutover from your current NCPDP format to the new NCPDP 5.1 format in order for your Medicaid claims to be processed. To ensure that claims are not denied, **check with your vendor immediately** to determine that they have contacted EDS for testing. If your vendor has not tested with EDS, your claims will fail to enter the system and you will need to re-submit them after the vendor has successfully tested with EDS. If you choose not to purchase software from a vendor, you may use software provided free of charge by Idaho Medicaid. This new software, Provider Electronic Solutions (PES), can only be used for submitting Medicaid claims and checking Medicaid eligibility.

New Medicaid Software

PES is the electronic billing software that is replacing the EDS/Idaho Medicaid software known as ECMS-PC. The new software will be mailed free of charge to all active providers in April 2003.

Features of PES include:

- Medicaid eligibility verification. PES will provide you with an authorization number for eligible Medicaid clients, as well as information on service restrictions, other insurance and Healthy Connections
- Service limitation verification
- Medicaid claims submission for:
  - Professional (HCFA/CMS 1500) services
  - Dental services
  - Institutional (inpatient, outpatient, nursing home) services
  - NCPDP 5.1 pharmacy prescription services including compound drugs and claim reversals

Providers submitting claims for Institutional, Dental, and Professional services have an option of using the new PES software or using ECMS-PC until October 2003. Pharmacy and eligibility transactions will no longer be supported by ECMS-PC after the cutover in May but they will be supported on the new PES software.

Continued on page 4

Idaho Offers Free On-line Service To Help Idahoans Quit Using Tobacco

You can now click to quit. Thanks to a new interactive Web site launched by the Idaho Department of Health and Welfare, a click of your computer's mouse may help you quit smoking and chewing tobacco.

'Idaho QuitNet' is a tobacco cessation Web site located on the Internet at **idaho.quitnet.com** and is available free of charge 24-hours-a-day, 7-days-a-week. Its interactive features offer users the opportunity to create a personalized quit plan, ask questions of expert counselors, get support from other tobacco users, and obtain scientifically based information about quitting.

"Studies show that support is a key element of the quitting process, but often it isn't available when tobacco users need it, like on weekends or in the middle of the night," said Selina Carver, Health and Welfare Program Manager for Tobacco Prevention and Control. "Also, it can be difficult for people who live in remote areas to find support, and some people don't feel comfortable interacting in groups or taking classes. Idaho QuitNet will fill those gaps by offering support anonymously 24/7 to Idahoans who want to quit smoking and chewing tobacco, regardless of where they live."

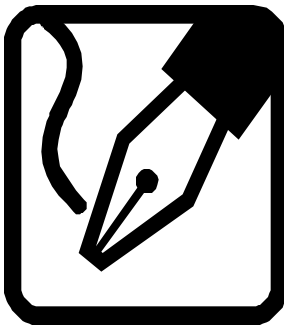
Tobacco use is a major problem in Idaho. Each year, approximately 1,600 people – an average of five per day – die from a tobacco related illness. The state spends $220 million annually treating people with tobacco related illnesses.

The Idaho QuitNet has many helpful features, including:

- The Medication Wizard, which suggests products such as patches or gum that best fit the person who wants to quit using tobacco;
- The Quit Date Wizard that helps the person select a quit date, provides tips on preparing and managing the first days without tobacco, and calculates how many cigarettes the person has not smoked and how much money they have saved; and
- Live forums, chats, and clubs where tobacco users can talk to each other about specific issues such as multiple addictions, weight gain, and relapse.

Idahoans who are interested in using Idaho QuitNet but don't own a computer may be able to access it at their local library. For Idahoans who do not have access to a computer, Public Health Districts offer cessation classes in most parts of the state.

For more information about the Idaho QuitNet or smoking cessation classes, call the Idaho Careline at 211 or (800) 929-2588.



Are You In The Black?

Providers are reminded to use black ink to complete all claims submitted to Idaho Medicaid for reimbursement. Hundreds of claims are returned every week because they cannot be "read" by the scanning system.

To avoid a delay in processing your claims, use black ink when completing the claim by pen or a new black ink cartridge when printing the claim on a computer printer or typewriter.

DHW Phone Numbers Addresses Web Sites

DHW Websites:
www.idahohealth.org
www2.state.id.us/dhw
www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

DHW Customer Service
(800) 378-3385
(208) 334-5795

Idaho Careline
211 (not available in all areas)
(800) 926-2588

Provider Fraud and Utilization Review
P. O. Box 83720
Boise, ID 83720-0036
(866) 635-7515 (toll free)
(208) 334-0675
Email:
~medicaidfraud&sur@idhw.state.id.us
(note: begins with ~)
Internet:
www2.state.id.us/dhw/Medicaid/providers/fraud.htm

Healthy Connections
Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766

Region II - Lewiston
(208) 799-5088
(800) 799-5088

Region III - Caldwell
(208) 455-7280
(800) 494-4133

Region IV - Boise
(208) 334-4676
(800) 354-2574

Region V - Twin Falls
(208) 736-4793
(800) 897-4929

Region VI - Pocatello
(208) 239-6260
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945

Spanish Speaking
(800) 862-2147

Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5795
(800) 378-3385

Prior Authorization Phone Numbers Addresses Web Sites

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

EMS Review Unit
(800) 362-7648
(208) 334-2484
Fax
(800) 359-2236
(208) 334-5242

PCG
P.O. Box 2894
Boise, ID 83701
(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

Pharmacy
P.O. Box 83720
Boise, ID 83720-0036
(877) 200-5441 (toll free)
(208) 364-1829
Fax (208) 364-1864

Web: www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

Qualis Health (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax (800) 826-3836 or
(206) 368-2765

Qualis Health Website
www.qualishealth.org/idahomedicaid.htm

Transportation Prior Authorization Unit
(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

Pharmacy Override Codes

Early Refill Edit

Medicaid will reimburse for early refills in two instances only:

- Dose increase when 75% of the original prescription is used (with new directions)
- Continued treatment after a starting dose.

The DUR override codes for Dose Changes:

ER = Conflict Code - Overuse Precaution

M0 = (0=zero not letter) Intervention Code - Intervention with Prescriber

1C = Outcome Code - Filled, with a Different Dose

Do not fill the prescription unless it meets the criteria stated above. These codes are intended to be used accurately. Frivolous overrides are not acceptable and will be subject to audit by the Department.

Prior Authorization

Medicaid will pay for **up to a 72-hour emergency supply** only when ALL of the following conditions are met:

- The client is Medicaid eligible on the date of service
- The prescription is new to the pharmacy
- The medication requires prior authorization
- The days supply for the emergency period does not exceed the following business day or up to three (3) days

The DUR override for 72-hour emergency supply codes of:

TP = Conflict Code - Payer/Processor Question

MR = Intervention Code - Medication Review

1F = Outcome Code - Filled, with different quantity

Do not fill the prescription unless it meets the criteria stated above. These codes are intended to be used accurately. Frivolous overrides are not acceptable and will be subject to audit by the Department.

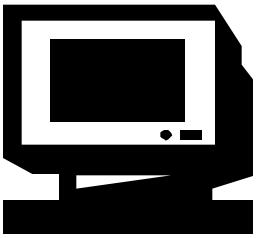
When using an override code, document the reason for use on the hard prescription copy.

Submitted by DHW

Provider Handbook Updates Available on the Internet

The *Idaho Medicaid Provider Handbooks* are being updated to include recent policy changes. Providers can access all of the updated handbooks on the Internet at www.idahohealth.org.

Select the links: Idaho Medicaid, Information for Providers, Idaho Medicaid Provider Handbook (url address: http://www2.state.id.us/dhw/medicaid/provhb/index.htm).



HIPAA Changes for May 2003

continued from page 1

Workshops will be held throughout the state in late April to assist providers with the conversion from ECMS-PC to PES. These same workshops will also be provided in May at the 2003 Idaho Health Care Conference. The classes will cover installation, set up, list creation, transaction submission, and general questions. Watch for more information about these workshops in the April *MedicAide* newsletter.

Checking Eligibility with the 270/271 transaction

The 270 – Eligibility Request and the 271 – Eligibility Response transactions are required to be HIPAA compliant effective May 2003. The following actions will occur regarding eligibility transactions:

1. Providers will not be able to submit an eligibility request using ECMS-PC. Providers will be able to obtain eligibility information using the new PES software, which will be mailed to all active Idaho Medicaid providers in April 2003.

2. Providers who verify eligibility through a third party vendor software will not be able to obtain eligibility information using their software unless their vendor has modified the software to the new HIPAA format and has tested these transactions with EDS.

Providers will **not** be able to obtain eligibility information using their current POS device. The Department will be sharing news soon about the availability of HIPAA compliant POS devices.

Submitted by DHW HIPAA Project

Check your mail!

In April 2003, providers will be receiving a CD that contains both the updated *Idaho Medicaid Provider Handbook* and the new Provider Electronic Solutions (PES) software.

Providers using this new CD format of the handbook will be able to copy the handbook files to their desktop computer(s) for use, print paper copies of all the materials they want, and complete forms online to be printed and mailed.

Providers using the new PES software will be able to check eligibility and service limitations online. Pharmacy providers will also be able to submit claims. By October 2003, PES will replace the current *EDS* billing software, ECMS-PC, for all providers.

Providers who are unable to use the CD will be able to request a paper copy of the handbook for their provider specialty.

EDS Phone Numbers Addresses

MAVIS
(800) 685-3757
(208) 383-4310

EDS
Correspondence
PO Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
PO Box 23
Boise, ID 83707
PCS & ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Provider Fax
(208) 395-2198

Client Assistance Line
Toll free: (888) 239-8463

HIPAA

DHW HIPAA Project

Mail:
DHW HIPAA Project
DHW
PO Box 83720
Boise, ID 83720-0036

Email:
HIPAAComm@idhw.state.id.us

Fax:
DHW HIPAA Project
(208) 334-0645

Internet:
www.idahohealth.org
(select H&W HIPAA quicklink)

Software Testing:
(866) 301-7751

EDS Phone Numbers Addresses

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., # 102
Coeur d'Alene, ID 83814

prudie.teal@eds.com
(208) 666-6859
(866) 899-2512 (toll free)
Fax (208) 666-6856

Region 2
JoAnn Woodland
1118 F Street
P.O. Drawer B
Lewiston, ID 83501

joann.woodland@eds.com
(208) 799-4350
Fax (208) 799-5167

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605

mary.jeffries@eds.com
(208) 455-7162
Fax (208) 454-7625

Region 4
Jane Hoover
1720 Westgate Drive, # A
Boise, ID 83704

jane.hoover@eds.com
(208) 334-0842
Fax (208) 334-0953

Region 5
Penny Schell
2241 Overland Avenue
Burley ID 83318

penny.schell@eds.com
Burley: Tuesday & Friday
(208) 677-4002

Twin Falls: Mon, Wed, Thurs
(208) 736-2143
Fax (208) 678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201

sheila.lux@eds.com
1-208-239-6268
Fax 1-208-239-6269

Region 7
Bobbi Woodhouse
150 Shoup Avenue
Idaho Falls, ID 83402

bobbi.woodhouse@eds.com
(208) 528-5728
Fax (208) 528-5756

February 14, 2003

This is a corrected copy of Information Release #2003-09 as printed in the February issue of the *MedicAide*.

MEDICAID INFORMATION RELEASE #2003-09

TO: **ALL NURSING FACILITY PROVIDERS**

FROM: Paul Swatsenbarg, Deputy Administrator, Division of Medicaid

SUBJECT: **Applying Patient Liability for Nursing Home Services**

Effective for dates of service on or after March 1, 2003, Medicaid will change how we treat the payment for coinsurance and deductible for Medicare Part A nursing facility crossover claims. The 1997 Balanced Budget Act (BBA) allows states flexibility in establishing the amount of payment for Medicare cost-sharing.

Currently Medicaid pays these crossover claims for the 21st through the 100th day of an inpatient nursing facility stay by paying the Medicare coinsurance and deductible. In the new method, Medicaid will disregard the deductible and coinsurance amounts, and pay no more than the difference between the Medicaid allowed amount and the Medicare Part A payment.

IDAPA 16.03.05.722 states that patient liability is the participant's income counted toward the cost of long-term care. Patient liability starts the first full calendar month the patient lives in long-term care and will be applied prior to any payment by the Idaho Medicaid program.

The new claims submission process is outlined below:

- Submit your claim form with a copy of the Medicare Summary Notice (MSN) attached.
- On the UB-92 claim form in field 39 – Value Codes, use value code 31 under "code" and put the most recently available patient liability amount under "amount".
- Enter the Medicare payment in field 54 of the UB-92 claim form.

The Medicaid payment is calculated by:

1. If the Medicaid allowed amount is equal to or less than the amount paid by Medicare and patient liability combined, no additional payment will be made.
2. If the Medicaid allowed amount is greater than the amount paid by Medicare and patient liability combined, the payment will be the difference between the Medicaid allowed amount and the Medicare payment.

If you have any questions, please contact Elvi Antonsson at (208) 364-1810. Thank you for your continued participation in the Idaho Medicaid Program.

PS/ea

Copy of letter sent to Medicaid clients regarding Information Release #2003-09

February 14, 2003

Dear Medicaid Participant:

Starting on March 1, 2003, Medicaid will pay no more than the difference between the Medicaid allowed amount and the Medicare Part A payment for your nursing home care. If your income can count toward your nursing home care, your income will be applied to paying for your nursing home care starting with the first full calendar month you are in the nursing home.

You may still keep your monthly personal allowance which is currently $40.

If you or your family have any questions about the amount of your patient liability (the amount you are required to pay), your facility administrator can help you. If you still have questions after speaking with him, you may contact your self-reliance specialist in your local Health and Welfare office.

January 27, 2003

MEDICAID INFORMATION RELEASE 2003-10

TO: ALL HOSPITAL ADMINISTRATORS

FROM: PAUL SWATSENBARG, Deputy Administrator, Division of Medicaid

SUBJECT: IDAHO MEDICAID DISPROPORTIONATE SHARE HOSPITAL (DSH) SURVEY

On September 30, 2003, Idaho Medicaid will distribute a DSH payment to all eligible hospitals for federal fiscal year 2003. In order to be considered for a DSH payment, the hospital must:

- Provide all data requested on the attached survey. All data entered on the survey should be for the fiscal year indicated on the survey form.
- Verify that the information in the shaded areas on the survey is correct, as provided by Myers and Stauffer LC. If you disagree with any of this information, please attach documentation supporting the correct information.
- Return the survey by May 31, 2003 to:

  Myers and Stauffer LC
  Attn: Julia Hill
  8555 W. Hackamore Dr., Suite 100
  Boise, ID 83709

Please note: If the survey is *received after May 31, 2003*, the hospital will *not* be considered for a DSH payment.

If you have any questions concerning the survey, please contact Julia Hill with Myers and Stauffer at (800) 336-7721 or (208) 378-1400. Thank you for your participation in Idaho Medicaid.

KPA/SP/jah
Attachment

January 31, 2003

MEDICAID INFORMATION RELEASE #2003-11

TO: NURSING FACILITIES

FROM: Paul Swatsenbarg, Deputy Administrator, Division of Medicaid

SUBJECT: CLARIFICATION OF GUIDELINES FOR SPECIAL RATES FOR NURSING FACILITIES

Purpose: Special rates are intended for residents who have long term care needs beyond the normal scope of facility services, and whose needs are not adequately reflected in the rates set pursuant to Section 56-102, Idaho Code (IDAPA 16.03.10.310).

Strategy: Establish a special rate procedure under Medicaid policy/rule. The Regional Medicaid Nurse Reviewers shall coordinate the special rate process.

Procedure and Helpful Notes:

1. All special rate requests and appropriate backup documentation must be submitted to your regional nurse reviewer for consideration. Documentation for behavioral clients must include the most current of the following reports: MDS assessment, monthly behavioral monitoring logs, behavioral plan, psychiatric notes, and care plans for identified special needs. If the client is newly admitted, then this information must be gathered from the previous provider. For clients who need durable medical equipment rental (mattress/bed rentals, wheelchairs, etc.), copies of related invoices must be attached. If additional outsourced staffing for one-on-one services is being requested, invoices related to these services must be submitted. Your nurse reviewer will approve or deny your request within two weeks of receiving your request.

MEDICAID INFORMATION RELEASE #2003-11 continued on page 7

2. Once your request is approved or denied, you will receive a letter from the Bureau of Medicaid Benefits and Reimbursement Policy confirming the denial or stating the special rate for the client.
3. Approved special rates will become effective no later than the date the application is received (by the nurse reviewer), but no earlier than the first day of the month in which the application for a special rate was received (IDAPA 16.03.10.310.03).
4. If your special rate is denied, you are entitled to an Administrative Review. Your request must be sent to the following address within 28 days of the date on the denial letter:

   Randy May, Acting Administrator
   Division of Medicaid, Attn: Audit Appeal
   Idaho Dept. of Health and Welfare
   P.O. Box 83720
   Boise, ID 83720-0036
5. Wheelchairs are considered part of the content of care for the client. Only upon rare circumstances will a specialized wheelchair be approved for a special rate.
6. Specialized mattresses and beds may be approved for a special rate upon thorough analysis by the nurse reviewer of the client's medical necessity.
7. End date on a special rate is the decision of the nurse reviewer. If the special rate has been approved for a specific end date, you MUST coordinate and gain extension approval from the nurse reviewer at least 30 days before the end date in order to get the special rate time frame extended with no interruptions in payment.
8. The nurse reviewer will review your client's situation quarterly to ensure that the client should continue to receive a special rate. The nurse reviewer will visit your facility to conduct the Special Rate review on a Quarterly basis or a frequency determined by the nurse reviewer.
9. You must use the correct special rate request Department of Health and Welfare form (dated 1/1/03). Forms may be requested from the regional nurse reviewer or a photocopy of the Idaho Nursing Facility Special Rate Request Form included in this information release may be used.
10. When a special rate request situation changes, you MUST contact the nurse reviewer to inform them of the change (i.e., if the client expires, the mattress is no longer needed, etc.).
11. A special rate request will only be considered for an expected condition that will be on-going for a period of greater than two (2) weeks (IDAPA 16.03.10.310.01).
12. Incremental revenues from special rate payments will be used to offset costs in the corresponding cost report period.

For further clarification on special rates, please contact Sheila Pugatch, Senior Financial Specialist for the Bureau of Medicaid Benefits and Reimbursement Policy, at (208) 364-1817.

PS/sp
Attachment

Information Releases on Web

To obtain a copy of any current information release and attachments, please check the DHW website at **www2.state.id.us/dhw** and select **Medicaid**. If you do not have access to the Internet or do not see the specific release listed and would like a copy, please call (208) 334-5795 and press ext 10.

EDS
P.O. Box 23
Boise Idaho 83707

Attention: Business Office

Congratulations to SPBU Graduates!

Twelve providers recently completed the training program offered by the Small Provider Billing Unit (SPBU). One graduate went from billing 67% accurately the first time to a 90% success rate and another graduate went from 72% to 95%. The graduates represent a wide variety of provider types including transportation, dentists, and hospitals.

One reason for the success of the SPBU providers is that they move at their own pace. While emphasis is placed on electronic billing, paper billing is also explained. There is no charge for participation in the training program. The only requirement to join the program is that the provider must bill fewer than 100 Medicaid claims a month and not use a clearinghouse or thrid party software vendor for billing.

Training is in three phases and can take up to a year. It addresses all aspects of Medicaid billing and answers the provider's specific questions about their own billing needs. Providers learn how to read an RA, request prior authorization, complete a claim form, verify eligibility and Healthy Connections, and use the provider handbook to answer other questions.

If you are interested in learning more about the Small Provider Billing Unit, please call **MAVIS** at (800) 685-3757; ask for *AGENT*. Tell the agent that you would like to speak to the SPBU and they will forward your call to one of the SPBU trainers.

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:
Becca Ruhl,
Division of Medicaid

Cynthia Brandt,
Publications Coordinator,
EDS

If you have any comments or suggestions, please send them to:

ruhlb@idhw.state.id.us

or

Becca Ruhl
DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036

Fax: (208) 364-1911

MedicAide
An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid April 2003

Special HIPAA Issue

Look inside for articles about the HIPAA Release 2 beginning on Friday, May 2, 2003.

HIPAA Impacts You Directly!

This issue contains a number of articles about the Health Insurance Portability and Accountability Act legislation and its direct impact on you. Current impacts change processes you use to check Medicaid eligibility and submit pharmacy claims. These changes take place beginning **May 2, 2003**. The articles referenced above contain detailed information about the changes you will encounter in the eligibility and pharmacy claim processes. They also acquaint you with new methods for performing these same functions.

This information is provided to assist you in preparing for these changes. Please take a moment to read this important information.

In this issue:

Information Releases

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

Important News About Checking Eligibility!

On May 5, 2003, Medicaid providers will have the following options for checking Medicaid eligibility:

- Providers can check eligibility using new Provider Electronic Solutions (PES) software. PES will be mailed to all active Idaho Medicaid providers at no cost in mid-April 2003.
- Providers can check eligibility using vendor software if the software has been modified to meet the requirements of the HIPAA ASC X12 270/271 version 4010A1 format and if the vendor has successfully tested these transactions with EDS. Call EDS at (866) 301-7751 if you need to set up testing.
- Providers can check eligibility by telephone using MAVIS. Providers can contact MAVIS by calling (800) 685-3757 or in the Boise calling area at (208) 383-4310.

During the time that the system is shut down to implement the new eligibility transaction (5:00 PM MST on May 3, 2003 until 7:00 AM MST on May 5, 2003), providers can only verify eligibility through MAVIS (Medicaid Automated Voice Information Service) at (800) 685-3757, or (208) 383-4310 if calling from the local Boise area.

If you are unfamiliar with the use of MAVIS, or have not used this service to verify eligibility, you will need your 9-digit Idaho Medicaid Provider number and 4-digit security code to access the voice system. If you have never used MAVIS, we encourage you to establish your security code and familiarize yourself with the use of this system before May 3. If you are unsure of what your security code is contact EDS.

If you have questions about HIPAA-related eligibility changes, please call the HIPAA HelpLine at (208) 332-7322 or email HIPAAComm@idhw.state.id.us.

Submitted by DHW HIPAA Project

Attention Retail Pharmacies

On May 5, 2003, the Idaho Medicaid program will begin accepting electronic pharmacy claims from retail pharmacies using NCPDP Version 5.1 (which replaces the current version, NCPDP 3.1) or the new Idaho Medicaid billing software, PES (Provider Electronic Solutions). **Claims submitted using any other format will be rejected.**

The following are the billing changes which will go into effect at this time:

- Compound claims can be submitted electronically with up to 25 ingredients. All electronic compound claims will be processed and priced automatically by the system. (Currently all compound drug claims are priced manually.)
- Medicaid will pay the compounding fee based on route of administration, as well as the current dispensing fee.
- Each ingredient will be checked for validity. If you are submitting a claim for a compound you must submit a compound code of "2" indicating this claim is for a compound preparation. A compound must have more than one ingredient to qualify.
- If there is an ingredient within the compound that may not be an approved NDC for Idaho Medicaid, you may submit the claim with a submission clarification code of "8" (Process compound for approved ingredients) stating you are aware there may be an ingredient which is not an approved ingredient but that you would like the rest of the claim to be processed as usual. If an ingredient is denied and later approved you must submit a reversal or an adjustment within the standard timeframe. A new claim must be submitted with all the compound ingredient information.

Continued on page 3

DHW Phone Numbers Addresses Web Sites

DHW Websites:
www.idahohealth.org
www2.state.id.us/dhw
www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

DHW Customer Service
(800) 378-3385
(208) 334-5795

Idaho Careline
211 (not available in all areas)
(800) 926-2588

Provider Fraud and Utilization Review
P. O. Box 83720
Boise, ID 83720-0036
(866) 635-7515 (toll free)
(208) 334-0675
Email:
~medicaidfraud&sur@idhw.state.id.us
(note: begins with ~)
Internet:
www2.state.id.us/dhw/Medicaid/providers/fraud.htm

Healthy Connections
Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766

Region II - Lewiston
(208) 799-5088
(800) 799-5088

Region III - Caldwell
(208) 455-7280
(800) 494-4133

Region IV - Boise
(208) 334-4676
(800) 354-2574

Region V - Twin Falls
(208) 736-4793
(800) 897-4929

Region VI - Pocatello
(208) 239-6260
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945

Spanish Speaking
(800) 862-2147

Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5795
(800) 378-3385

Prior Authorization Phone Numbers Addresses Web Sites

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

EMS Review Unit
(800) 362-7648
(208) 334-2484
Fax
(800) 359-2236
(208) 334-5242

PCG
P.O. Box 2894
Boise, ID 83701
(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

Pharmacy
P.O. Box 83720
Boise, ID 83720-0036
(877) 200-5441 (toll free)
(208) 364-1829
Fax (208) 364-1864
Web: www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

Qualis Health (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax (800) 826-3836 or
(206) 368-2765

Qualis Health Website
www.qualishealth.org/idahomedicaid.htm

Transportation Prior Authorization Unit
(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

Attention Retail Pharmacies

Continued from page 2

- The over-use (refill too soon)/under-use (refill too late) DUR edit will only allow valid HIPAA codes as overrides. You will be required to use the intervention code M"0" (zero) along with the correct conflict and outcome codes. Using M"O" (alpha) is not HIPAA compliant and will no longer be accepted.

Beginning May 5, 2003, Medicaid pharmacy providers will be required to bill third party insurance coverage prior to billing Medicaid. Medicaid is the payer of last resort. In the past, pharmacies billed Medicaid who then pursued collection from third party payers. This practice, known as Pay and Chase, was previously approved by the Centers for Medicare and Medicaid Services as a waiver from standard billing requirements based on its cost effectiveness. Medicaid has been unable to demonstrate that this practice remains cost effective and must now comply with standard billing requirements. HIPAA introduces a new code set called Reject Reason Codes. These codes indicate the action taken by the primary carrier when processing the claim. These codes will be required when submitting Coordination of Benefits (COB) information with your electronic claim. The complete list of codes will be listed in the Provider Handbook issued in mid-April, 2003.

If you have questions regarding these processes or the NCPCP 5.1 software procedures, please call the HIPAA HelpLine at (208) 332-7322 or email HIPAAComm@idhw.state.id.us. Thank you for your continued participation in the Idaho Medicaid program.

Submitted by DHW HIPAA Project

Attention: Pharmacy Providers

Impacts to Pharmacy Claims Service Beginning May 2, 2003

- Interactive Pharmacy claims will not be accepted after 5:00 PM MST Saturday, May 3, 2003. This service interruption will last until 7:00 AM MST Monday May 5, 2003. Batch pharmacy claims will not be accepted from 5:00 PM MST Friday, May 2, until 7:00 AM MST Monday, May 5.

Attention: All Providers

Impacts to Eligibility Verification the Weekend of May 3, 2003

- The eligibility transaction for HIPAA, (270/271), will be implemented during this weekend. On Saturday May 3, 2003 after 5:00 PM check eligibility by calling MAVIS (Medicaid Automated Voice Information Service) at (800) 685-3757 or (208) 383-4310 if calling from the local Boise area.
- On Sunday, May 4, from 8:00 AM to 5:00 PM MST, check eligibility through MAVIS. If you have problems with eligibility and need to speak to a representative, say the word "AGENT." Representatives will not be able to provide information on topics other than eligibility. An authorization number (or guarantee of eligibility) is provided when eligibility is verified and obtained through MAVIS. Please be aware there is **no** eligibility authorization number given by phone representatives.

See other stories in this newsletter for more information.

Submitted by DHW HIPAA Project

Impacts to Eligibility Verification and Pharmacy Claims Service the Weekend of May 3, 2003

Over the weekend of May 3, 2003, Idaho Medicaid will be implementing changes based on the required Health Insurance Portability and Accountability Act (HIPAA). There will be a service interruption over this weekend that affects you if:

- You submit interactive Pharmacy claims or batch Pharmacy claims
- You check eligibility using any means other than calling MAVIS

Interactive Pharmacy claims will not be accepted after 5:00 p.m. MST Saturday, May 3, 2003. This service interruption will last until 7:00 a.m. MST Monday May 5, 2003. NCPDP 3.3 Batch Pharmacy claims will **not** be accepted after 5:00 p.m. MST on Friday, May 2, 2003. This interruption is due to the implementation of the HIPAA-compliant NCPDP 5.1 pharmacy claims transaction.

The eligibility verification transaction for HIPAA (270/271) will also be implemented during this weekend. On Saturday May 3, 2003, after 5:00 p.m. MST, check eligibility by calling MAVIS (Medicaid Automated Voice Information Service) at (800) 685-3757 or (208) 383-4310 if calling from the local Boise area.

On Sunday, May 4, from 8:00 a.m. to 5:00 p.m. MST, check eligibility through MAVIS. If you have problems with eligibility and need to speak to a representative, say the word "AGENT." Representatives will not be able to provide information on topics other than eligibility. An authorization number (or guarantee of eligibility) is provided when eligibility is verified and obtained through MAVIS. Please be aware there is **no** eligibility authorization number given by phone representatives.

We encourage you to verify eligibility for all clients prior to providing services to avoid unnecessary denials. If you are unfamiliar with the use of MAVIS, or have not used this service to verify eligibility, you will need your 9-digit Idaho Medicaid provider number and 4-digit security code to access the voice system. If you have never used MAVIS, we encourage you to establish your security code and familiarize yourself with the use of this system before May 3. If you are unsure of what your security code is contact EDS.

Effective May 5, 2003, due to implementation of the HIPAA eligibility transaction and response (270/271), you will be unable to verify eligibility using ECMS PC, the current point of service (POS) device, or other vendor software that isn't HIPAA compliant. Beginning May 5, 2003, you will need to begin using the new EDS software, Provider Electronic Solutions (PES), mailed to you in mid-April, HIPAA-compliant vendor software, or MAVIS to verify eligibility. The current POS devices will **not** function after May 3, 2003. There will be further communication on POS device replacement options coming soon.

Submitted by DHW HIPAA Project

POS Device Update

The Department of Health & Welfare has decided to replace the current point of service (POS) device with a HIPAA-compliant model. The new device will be offered at no cost to Idaho providers who currently use an Idaho Medicaid/EDS POS device to check Medicaid eligibility. While it is unknown at this time when the new POS device will be available, the Department will make the devices available as close to May 5, 2003 as possible. More information regarding distribution of the new devices will be provided when it becomes available. **Regardless of the availability of the new POS device, providers will not be able to obtain eligibility information using the current POS device after 5:00 PM MST May 3, 2003.**

Submitted by DHW HIPAA Project

EDS Phone Numbers Addresses

MAVIS
(800) 685-3757
(208) 383-4310

EDS
Correspondence
PO Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
PO Box 23
Boise, ID 83707
PCS & ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Provider Fax
(208) 395-2198

Client Assistance Line
Toll free: (888) 239-8463

HIPAA

DHW HIPAA Project

Mail:
DHW HIPAA Project
DHW
PO Box 83720
Boise, ID 83720-0036

Email:
HIPAAComm@idhw.state.id.us

Fax:
DHW HIPAA Project
(208) 334-0645

Internet:
www.idahohealth.org
(select H&W HIPAA quicklink)

Software Testing:
(866) 301-7751

EDS Phone Numbers Addresses

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., # 102
Coeur d'Alene, ID 83814

prudie.teal@eds.com
(208) 666-6859
(866) 899-2512 (toll free)
Fax (208) 666-6856

Region 2
JoAnn Woodland
1118 F Street
P.O. Drawer B
Lewiston, ID 83501

joann.woodland@eds.com
(208) 799-4350
Fax (208) 799-5167

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605

mary.jeffries@eds.com
(208) 455-7162
Fax (208) 454-7625

Region 4
Jane Hoover
1720 Westgate Drive, # A
Boise, ID 83704

jane.hoover@eds.com
(208) 334-0842
Fax (208) 334-0953

Region 5
Penny Schell
2241 Overland Avenue
Burley ID 83318

penny.schell@eds.com
Burley: Tuesday & Friday
(208) 677-4002

Twin Falls: Mon, Wed, Thurs
(208) 736-2143
Fax (208) 678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201

sheila.lux@eds.com
1-208-239-6268
Fax 1-208-239-6269

Region 7
Bobbi Woodhouse
150 Shoup Avenue
Idaho Falls, ID 83402

bobbi.woodhouse@eds.com
(208) 528-5728
Fax (208) 528-5756

Provider Electronic Solutions (PES)

In mid-April 2003, providers will receive a CD that contains the new Provider Electronic Solutions (PES) software, as well as other information. (See CD Content article found elsewhere in this edition.) PES replaces the current Idaho Medicaid/EDS software ECMS-PC. The CD will be mailed to the address where you have chosen to receive your remittance advices.

Starting May 5, 2003, providers can verify eligibility and service limitations using the new PES software. The eligibility function in the current EDS software (ECMS-PC) will become obsolete after 5:00 PM MST on May 3, 2003.

During the time the system is shut down to implement the new eligibility transaction (5:00 PM MST on May 3, 2003 until 7:00 AM MST on May 5, 2003), providers can verify eligibility through MAVIS (Medicaid Automated Voice Information Service) at (800) 685-3757, or (208) 383-4310 if calling from the local Boise area.

From May 5, 2003 to October 15, 2003, professional, dental and institutional providers can choose to use the existing ECMS-PC software or the new PES software to submit claims. The claim submission function in ECMS-PC will become obsolete after October 15, 2003.

Retail pharmacies can use PES to submit NCPDP 5.1 claims beginning May 5, 2003.

Providers that plan to use vendor software to submit NCPDP 5.1 claims or to check eligibility will need to be sure that they receive a new version of their vendor software and that their vendor has tested that software with EDS prior to May 5, 2003.

Watch your mail for the CD packet!

Submitted by DHW HIPAA Project

CD Contents

In mid-April 2003, providers will be receiving a CD in the mail with the contents below. This CD will be mailed to the address where you have chosen to receive your remittance advices.

Provider Electronic Solutions (PES)
- Installation instructions
- Application - Operations Manual included
- Idaho PES Handbook

Provider Handbook
- Cover Letter
- Phone Directory
- Section 1 – General Provider and Client Information
- Section 2 – General Billing information
- Section 3 – Program Guidelines for 25 provider types
- Section 4 – Remittance Advice for 3 claim types
- Section 5 - Glossary
- MAVIS Appendix
- Forms Appendix

Miscellaneous
- *What is Medicaid?* - client brochure in English and Spanish
- *Qualis Health Provider Manual* for prior authorizations for institutional providers

The CD will also include the following software applications:
- Application for installing PES
- Acrobat Reader 5.0

Watch your mail for the CD packet!

Submitted by DHW HIPAA Project

Pharmacy Vendors Need to Test NCPDP 5.1 Format

Beginning May 5, 2003, the Idaho Medicaid Management Information System will ***only*** accept the NCPDP 5.1 format for electronic retail pharmacy point of sservice (POS) transactions. The NCPDP 5.1 format cannot be accepted prior to May 5, 2003.

Providers should contact their software vendor or clearinghouse to verify they have tested successfully with EDS. Providers who do not use a vendor to submit claims electronically and who do not plan to use the new PES software will need to test directly with EDS. Phone toll free (866) 301-7751 to arrange to test.

Submitted by DHW HIPAA Project

Methods Available for Checking Medicaid Eligibility May 2 through May 5, 2003

Date	Current POS Device	MAVIS[M]	EDS Rep	ECMS-PC	PES	Vendor
From 5:00 pm MST, Friday, May 2 through 5:00 pm MST, Saturday, May 3	YES	YES	NO	YES	NO	YES
From 5:00 pm MST, Saturday, May 3 through 8:00 am MST, Sunday, May 4	NO	YES	NO	NO	NO	NO
From 8:00 am MST, Sunday, May 4 through 5:00 pm MST, Sunday, May 4	NO	YES	YES[E]	NO	NO	NO
From 5:00 pm MST, Sunday, May 4 through 7:00 am MST, Monday, May 5	NO	YES	NO	NO	NO	NO
After 7 am MST, Monday, May 5	NO	YES	YES	NO	YES	YES[V]

Definitions:

POS Device
Electronic Point of Service card-swipe device that connects Medicaid providers directly with eligibility information for Medicaid recipients.

ECMS-PC
Electronic Commerce Management System – for pc's. Software provided free of charge to Medicaid providers to bill and check Medicaid eligibility. Will become obsolete for eligibility May 3, 2003.

PES
Provider Electronic Solutions (PES) – replacement for ECMS-PC software. Medicaid billing and eligibility software provided free of charge to Medicaid providers. Will be mailed to providers mid-April 2003. Will become available for eligibility May 5, 2003.

MAVIS
Medicaid Automated Voice Information Service – An automated voice recognition system that gives providers information about client eligibility.

Notes:

[M] **MAVIS:** During this weekend, MAVIS will only return information indicating whether or not an individual is eligible for Medicaid services. No other information will be provided such as program designation, limitations, Healthy Connections, Lock-in or Third Party Recovery.

[E] **EDS Reps**: 2 EDS telephone representatives will be available Sunday, May 4, from 8:00 a.m. to 5:00 p.m., primarily for Pharmacy eligibility verification.

[V] **Vendor:** Vendor software will work after 7:00 a.m. Monday, May 5, if it uses the HIPAA-compliant 270/271 eligibility transaction format and if the vendor has tested successfully with EDS.

Submitted by DHW HIPAA Project

Idaho Healthcare Conference 2003

Medicaid providers are invited to attend the annual Idaho Healthcare Conference in May. The conference will be held in six locations. Registration is free for all Idaho health care providers. Multiple sessions will allow participants to attend classes by all presenters.

This annual meeting is sponsored by the Department of Health and Welfare (DHW/Medicaid), *EDS*/ Idaho Medicaid, the Idaho State Insurance Fund, Blue Cross of Idaho, Champus/TRICARE, CIGNA Medicare, and Regence BlueShield of Idaho.

Vendor fairs are offered to participants at all of the Healthcare Conference locations. This a valuable opportunity to talk directly with vendors about their products. Participants are encouraged to visit with the exhibitors during breaks and at lunch.

Locations are listed below:

Clarkston, WA
Tuesday, May 6, 2003
8:00 a.m. to 4:15 p.m.
Quality Inn

Post Falls
Wednesday, May 7, 2003
8:00 a.m. to 4:15 p.m.
Templin's Resort

Idaho Falls
Tuesday, May 13, 2003
8:00 a.m. to 4:15 p.m.
Shilo Inn

Pocatello
Wednesday, May 14, 2003
8:00 a.m. to 4:15 p.m.
Student Union Building
Idaho State University

Burley
Thursday, May 15, 2003
8:00 a.m. to 4:15 p.m.
Burley Convention Center

Boise
Friday, May 30, 2003
8:00 a.m. to 4:15 p.m.
Student Union Building
Boise State University

Registration starts at 8:00 a.m. and classes begin at 8:30 a.m. at all locations.

CLASSES OFFERED BY: *EDS* / MEDICAID

Provider Electronic Solutions (PES) Overview
An overview of the features of the free, HIPAA-compliant PES software, which becomes available to all active Idaho Medicaid providers in April 2003. Included in this presentation will be Idaho Medicaid client eligibility verification, claim and service limitation transactions, along with the exciting new features of the PES software.

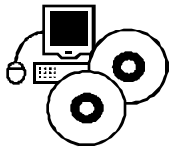
Provider Electronic Solutions (PES) Install/Set-up, Eligibility, Service Limitations, and Lists
Learn about the procedures for installation and set-up, the process to create lists for eligibility or billing purposes, as well as Idaho Medicaid client eligibility verification and service limitations using the HIPAA-compliant PES software.

Provider Electronic Solutions (PES) Claim Transactions
Instruction for submitting HIPAA-compliant claims successfully for Idaho Medicaid reimbursement using the 837 institutional (inpatient, outpatient, and nursing home) and professional claim forms with the PES software will be presented.

Eligibility Options
Providers must use a HIPAA-compliant transaction to verify eligibility electronically starting May 5, 2003. This presentation will discuss all methods to verify eligibility, including helpful hints for PES and MAVIS.

Top 10 Denials
This class will identify the top 10 Idaho Medicaid denials. Included in this presentation will be ways to remedy the denials along with detailed instructions on how reading the RA and verifying eligibility prior to providing services will decrease the number of denials for all providers.

One-time only - hands-on learning opportunity for the new PES software!



This is important to you if:

- **you currently use the Idaho Medicaid/EDS software (ECMS-PC) for claims or eligibility**
- **you ever considered billing electronically, but weren't sure how**
- **the software you use to check eligibility won't be replaced before May 2003**
- **you want to learn how to use PES software to check eligibility**

EDS and the Department of Health and Welfare are offering several opportunities for Idaho Medicaid providers to gain hands-on experience and learn about the new Provider Electronic Solutions (PES) software. PES will replace ECMS-PC over the next few months for billing and checking eligibility.

You will have the chance to learn how to:

- install the new PES software
- use the new HIPAA-compliant eligibility transaction
- use the Idaho PES handbook
- save client data in PES
- submit Medicaid claims

When:

April 21 - May 2, 2003

Monday - Friday, two sessions per day

(except where noted)

Morning	9:00 a.m. to 11:00 a.m.
Afternoon	1:00 p.m. to 3:00 p.m.

1st hour - Installation & Eligibility

2nd hour - Claims & Lists

Where:

Region 1 - 1120 Ironwood Dr., Coeur d'Alene

Region 2 - 1118 "F" Street, Lewiston

Region 3 - 3402 Franklin Road, Caldwell

Region 4 - 1720 Westgate Drive, Boise

Region 5 - 601 Pole Line Road, Twin Falls

Region 6 - 1070 Hiline Road, Pocatello

(no sessions on April 22, 23, 30)

Region 7 - 150 Shoup Avenue, Idaho Falls

(no sessions on April 28)

Name of Provider Entity_____

Medicaid Provider Number _____

Name(s) of persons attending from provider entity - limit 2 per provider entity

#1_____

#2_____

In which Region will you attend_____

Phone number where you can be reached_____

email address_____

Please circle morning or afternoon session(s) **on one date** you would like to attend (1st hour - Installation & Eligibility / 2nd hour - Claims & Lists):

Date	4/21	4/22	4/23	4/24	4/25	4/28	4/29	4/30	5/1	5/2
9:00 - 10:00	am	am	am	am	am	am	am	am	am	am
10:00 - 11:00	am	am	am	am	am	am	am	am	am	am
1:00 - 2:00	pm	pm	pm	pm	pm	pm	pm	pm	pm	pm
2:00 - 3:00	pm	pm	pm	pm	pm	pm	pm	pm	pm	pm

RSVP by:

➲ faxing this completed page to **(208) 334-0645**

➲ phoning the HIPAA HelpLine with this information at **(208) 332-7322**

➲ emailing the above information to **HIPAAComm@idhw.state.id.us**

RSVP - Required by April 11, 2003 - space is limited - first come - first served!

FYI
for your information...

Physicians and Hospitals

Mammoplasty/Reconstructive Surgery

Reduction mammoplasty surgery, CPT® Code 19318, ICD-9 CM codes 85.31 and 85.32, continues to require pre-authorization review by Qualis Health, however effective March 1, 2003, the **post-discharge** retrospective chart review is no longer required. Please be advised that, in most circumstances, Idaho Medicaid does not cover contra-lateral mastectomy. Pre-authorization is required by the Department for secondary reconstruction procedures.

Bariatric Procedures

All bariatric procedures, for prevention, control, and treatment of obesity, require pre-authorization by the Department. All requests for Department review may be faxed to (208) 364-1811 or mailed to: Attn: Medical Consultant, Division of Medicaid, PO Box 83720, Boise, ID 83720-0036.

Pharmacies

We recently updated the Web listing of medications with established State Maximum Allowable Costs (SMAC); providers are encouraged to review this reference. Most recently, we established SMAC pricing for antihemophilic agents, effective March 1, 2003. We will continually update the Web site as new SMAC pricing is established. The Web address is: www2.state.id.us/dhw/medicaid/providers/pharmacy.htm.

All Providers

In March the Department inactivated all provider numbers who have not billed in the last 2 years. If you feel there was an error, please contact Provider Enrollment at (800) 685-3757.

Submitted by DHW

Idaho Falls Dentist Pleads Guilty In Medicaid Fraud Case

On January 6, 2003, Tamla Rencher, D.D.S., was sentenced in U.S. District Court for obstructing a criminal investigation of a health care offense.

Medicaid routinely sends out notices letting clients know what services are paid on their behalf and an investigation was initiated when a client reported her child did not receive the services billed by Rencher. The Surveillance and Utilization Review (SUR) Unit completed a lengthy investigation into Rencher's Medicaid billings which was investigated in partnership with special agents from the Office of Inspector General (OIG), the Federal Bureau of Investigation (FBI) and the United States Attorney's Office. Once the investigation was completed, Tamla Rencher admitted she altered medical files in order to prevent, obstruct, mislead and delay the communication of information or records to a Medicaid investigation.

U. S. District Judge B. Lynn Winmill sentenced Rencher to five years of probation and 10 months of home detention, plus a $20,000 fine. Prior to sentencing, Rencher reimbursed the Medicaid Fraud Program for investigative costs of $27,190.35. She also repaid $47,514 to Medicaid for fraudulent billing.

The Fraud Unit and the Surveillance and Utilization Review Unit (SUR) are dedicated to pursuing fraud and abuse in the Medicaid program. This is an important case which sends a message that it is not acceptable for providers to alter or change records. Providers who alter, falsify and/or destroy records will be referred for possible prosecution.

To report Medicaid fraud and abuse, call (208) 334-0675 or toll-free 1-866-635-7515.

Submitted by DHW

Privacy of Client Health Information

HIPAA's privacy provisions focus on the use and disclosure of individually identifiable health information in any form. This data is referred to as protected health information (PHI). The new rule establishes standards for consumer control of their medical records, restricts some uses and disclosures of consumer information, establishes accountability for the protection of consumer data by providers and their business partners, and mandates an administrative infrastructure to implement and monitor these policies.

We, as payers of health related services, and you, as providers of health related services, are both responsible for understanding the application of this rule to our businesses. To assure that we are only giving out information to those who need to know and have legal rights to the information we will be asking providers to verify who they are when requesting information on individual Medicaid participants. Verification required for either written or verbal information will include:

- Provider name
- Idaho Medicaid provider number

Please have this information available when requesting participant information from the Department or EDS.

Submitted by DHW

April 1, 2003

MEDICAID INFORMATION RELEASE #MA03-14

TO: ALL MEDICAID PROVIDERS

FROM: PAUL SWATSENBARG, DEPUTY ADMINISTRATOR, DIVISION OF MEDICAID

SUBJECT: CHECKING MEDICAID ELIGIBILITY

On May 5, 2003, the Idaho Medicaid program will implement the standard HIPAA eligibility transaction ASC X12 270/271, version 4010A1. This action is in response to requirements of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II). This implementation will affect how you obtain eligibility information during the weekend of May 3, 2003.

On Saturday May 3, 2003 after 5:00 PM MST check eligibility by calling MAVIS (Medicaid Automated Voice Information Service) at (800) 685-3757, or 383-4310 if calling from the local Boise area.

On Sunday, May 4, from 8:00 AM to 5:00 PM MST, check eligibility through MAVIS. If you have problems with eligibility and need to speak to a representative, say the word "AGENT." Representatives will not be able to provide information on topics other than eligibility. An authorization number (or guarantee of eligibility) is provided when eligibility is verified and obtained through MAVIS. Please be aware there is **no** eligibility authorization number given by phone representatives.

Effective May 5, 2003, providers will have the following options for checking Medicaid eligibility:

- Beginning May 5, 2003, providers can submit standard eligibility transactions using new Provider Electronic Solution (PES) software. PES will be mailed to all active Idaho Medicaid providers at no cost in mid-April 2003. Effective 5:00 PM MST on May 3, 2003, providers will no longer be able to submit an eligibility request using the current software, ECMS-PC.
- Beginning May 5, 2003, providers can submit standard eligibility transactions using third party vendor software if the software has been modified to meet the requirements of the HIPAA ASC X12 270/271 version 4010A1 format and if the vendor has successfully tested these transactions with EDS.
- Providers can continue to check eligibility by telephone using MAVIS. Providers can contact MAVIS by calling 800-685-3757 or 383-4310 within the Boise area.

Providers will be able to submit standard eligibility transactions using a new HIPAA formatted Point of Service (POS) device, which will be provided at no cost to providers who use the current Idaho Medicaid/EDS POS device. While it is unknown at this time when the new POS device will be available, the Department will make the new device available as close to May 5, 2003 as possible. More information will be provided regarding the exact date the new devices will be available and what to do with the current devices. **Regardless of the availability of the new POS device, providers will not be able to obtain eligibility information using the current POS device after 5:00 PM MST May 3, 2003.**

In the future, providers will be able to submit standard eligibility transactions using the Internet. A web based eligibility inquiry and response transaction is currently in development. The completion date for this project is not yet determined.

If you have questions about HIPAA-related changes, please call the HIPAA help line at 208-332-7322 or email HIPAAComm@idhw.state.id.us. For other questions regarding verification of Medicaid eligibility please contact an EDS Provider Service Representative. Thank you for your continued participation in the Idaho Medicaid program.

April 1, 2003

MEDICAID INFORMATION RELEASE #MA03-15

TO: ALL MEDICAID RETAIL PHARMACIES

FROM: PAUL SWATSENBARG, DEPUTY ADMINISTRATOR, DIVISION OF MEDICAID

SUBJECT: PHARMACY BILLING CHANGES — MOVING TO NCPDP 5.1

On May 5, 2003, the Idaho Medicaid program will begin accepting electronic pharmacy claims from retail pharmacies using NCPDP software Version 5.1 (which replaces the current versions) or the new Idaho Medicaid billing software, PES (Provider Electronic Solutions). This action is in response to requirements of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II). **Electronic retail pharmacy claims submitted using any other format will be rejected.**

A service interruption for electronic pharmacy claims will occur beginning May 2nd and lasting until 7:00 AM MST Monday May 5, 2003.

- Interactive Pharmacy claims will not be accepted after 5:00 PM MST Saturday, May 3, 2003.
- NCPDP 3.3 Batch Pharmacy claims will not be accepted after 5:00 PM MST on FRIDAY, May 2, 2003.

Continued on page 11

This interruption is due to the implementation of the HIPAA compliant NCPDP 5.1 pharmacy claims transaction.

The eligibility verification transaction for HIPAA, (270/271), will also be implemented during this weekend. On Saturday May 3, 2003 after 5:00 PM MST check eligibility by calling MAVIS (Medicaid Automated Voice Information Service) at (800) 685-3757, or 383-4310 if calling from the local Boise area.

On Sunday, May 4, from 8:00 AM to 5:00 PM MST, check eligibility through MAVIS. If you have problems with eligibility and need to speak to a representative, say the word "AGENT." During this weekend, MAVIS will only return information indicating whether or not an individual is eligible for Medicaid services. No other information will be provided, including such information as program limitations, Healthy Connections, or Lock In. Representatives will not be able to provide information on topics other than eligibility.

An authorization number (or guarantee of eligibility) is provided when eligibility is verified and obtained through MAVIS. This authorization does not guarantee payment, just client eligibility for the service. Please be aware there is **no** eligibility authorization number given by phone representatives.

For new prescriptions presented during this weekend, please reference the Medicaid Pharmacy web site at http://www2.state.id.us/dhw/medicaid/providers/pharmacy.htm for a listing of drugs that require prior authorization (PA), as well as FUL and SMAC pricing lists. A 72-hour emergency supply may be dispensed if PA coverage cannot be determined for new prescriptions that require prior authorization.

If you are currently using NCPDP software, but not Version 5.1, you should contact your software vendor **immediately** to obtain an upgrade for this software. Pharmacies using Version 5.1 will be able to electronically bill compound drug claims, which have been required on paper in the past. In April 2003 all providers will be receiving the newest Idaho Medicaid Billing software called PES free of charge, which mirrors the NCPDP format for drug claims.

The following billing changes will affect both NCPDP 5.1 and PES software beginning May 5, 2003.

- All electronic compound claims will be processed and priced automatically by the system. (Currently all compound drug claims are priced manually.)
- Medicaid will pay the compounding fee based on route of administration, as well as the current dispensing fee.
- Each ingredient will be checked for validity. If you are submitting a claim for a compound you must submit a compound code of "2" indicating this claim is for a compound preparation. A compound must have more than one ingredient to qualify.
- If there is an ingredient within the compound that may not be an approved NDC for Idaho Medicaid, you may submit the claim with a submission clarification code of "8" (process compound for approved ingredients) stating you are aware there may be an ingredient which is not an approved ingredient but that you would like the rest of the claim to be processed as usual. If an ingredient is denied and later approved you may submit a reversal or an adjustment within the standard timeframe.
- The over use (refill too soon)/under use (refill too late) DUR edit will only allow valid HIPAA codes as overrides. You will be required to use the intervention code M"0" (zero) along with the correct conflict and outcome codes. Using M"O" (alpha) is not HIPAA compliant and will no longer be accepted.
- HIPAA introduces a new code set to pharmacy claims called Reject Reason Codes. These codes indicate the action taken by the primary carrier when processing the claim. They will be required when submitting other insurance information with your electronic claim. A complete list of these codes will be supplied in the Provider Handbook.

Additionally, on May 5th Medicaid pharmacy providers will be required to bill third party insurance coverage prior to billing Medicaid. Medicaid is the payer of last resort. In the past, pharmacies billed Medicaid who then pursued collection from third party payors. This practice, known as Pay and Chase, was previously approved by the Centers for Medicare and Medicaid as a waiver from standard billing requirements based on its cost effectiveness. Medicaid has been unable to demonstrate that this practice remains cost effective and must now comply with standard billing requirements.

Detailed billing instructions will be available in the newest Idaho Medicaid Provider Handbook to be included on the CD with the new PES software. The CD will be mailed mid-April, 2003. An updated version of the Pharmacy Provider Billing Handbook can be located on the Idaho Medicaid website, www.idahohealth.org.

If you have questions regarding these processes or the NCPCP 5.1 software procedures, please call the HIPAA help line at 208-332-7322 or email HIPAAComm@idhw.state.id.us. Thank you for your continued participation in the Idaho Medicaid program.

EDS
P.O. Box 23
Boise Idaho 83707

PRSRT STD
U.S. POSTAGE PAID
BOISE, ID
PERMIT NO. 220

IDAHO DEPARTMENT OF HEALTH & WELFARE

Attention: Business Office

Check your mail!

In mid-April, providers will be receiving a CD that contains both the updated *Idaho Medicaid Provider Handbook* and the new Provider Electronic Solutions (PES) software.

Providers using this new CD format of the handbook will be able to copy the handbook files to their desktop computer(s) for use, print paper copies of all the materials they want, and complete forms online to be printed and mailed.

Providers using the new PES software will be able to check eligibility and service limitations online. Pharmacy providers will also be able to submit claims. By October 2003, PES will replace the current *EDS* billing software, ECMS-PC, for all providers.

Providers who are unable to use the CD will be able to request a paper copy of the provider handbook for their provider specialty.

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:
Becca Ruhl,
Division of Medicaid

Cynthia Brandt,
Publications Coordinator,
EDS

If you have any comments or suggestions, please send them to:

ruhlb@idhw.state.id.us

or

Becca Ruhl
DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036

Fax: (208) 364-1911

MedicAide
An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid

May 2003

In this issue:

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

Eligibility Verification and Pharmacy Claims Service…Solutions if methods you've used in the past no longer work!

Beginning May 5, 2003, Idaho Medicaid requires electronic retail pharmacy claims to be submitted in the HIPAA NCPDP 5.1 format. EDS and Idaho Medicaid have been working with vendors to ensure they are prepared to support the NCPDP 5.1 retail pharmacy claim interactive and batch formats required by Idaho Medicaid beginning May 5.

If you are unable to submit electronic claims in the new formats beginning on May 5, please contact your software vendor. Your vendor who submits claims directly will need to have successfully tested with EDS. Meanwhile, you may use the EDS software Provider Electronic Solutions (PES) to submit claims. This software was sent on a CD to all providers mid-April 2003. The CD includes the software, as well as a handbook with detailed user instructions.

Also effective May 5, Idaho Medicaid will **only** support electronic eligibility transactions that are in the HIPAA ASC X12 4010A1 270/271 formats.

Options available for verifying Medicaid eligibility starting May 5, 2003 include:

- Provider Electronic Solutions (PES). A CD was mailed to all active Idaho providers mid-April, which contained the new PES application. PES replaces the current Medicaid software (ECMS-PC). You can verify Medicaid eligibility using PES, as well as submit HIPAA-formatted claims.
- An EDS provider service representative.
- Vendor software which has successfully tested with EDS that supports the HIPAA ASC X12 4010A1 270/271 transaction.
- MAVIS (Medicaid Automated Voice Information Service) 1-800-685-3757 or (208) 383-4310 (Boise calling area).

Future options for verifying Medicaid eligibility include: HIPAA-compliant POS (point of service) devices and Internet access. Dates for these options have not been determined.

Submitted by DHW HIPAA Project

May Office Closure

The Department of Health and Welfare and EDS offices will be closed for the following State holiday:

Memorial Day, May 26, 2003

A reminder that MAVIS (Medicaid Automated Voice Information Service) is available on State holidays at:

1-800-685-3757 (toll-free) 1-208-383-4310 (Boise local)

Important News About Checking Eligibility!

On May 5, 2003, Medicaid providers will have the following options for checking Medicaid eligibility:

- Providers can check eligibility using new Provider Electronic Solutions (PES) software. PES will be mailed to all active Idaho Medicaid providers at no cost in mid-April 2003.
- Providers can check eligibility using vendor software if the software has been modified to meet the requirements of the HIPAA ASC X12 270/271 version 4010A1 format and if the vendor has successfully tested these transactions with EDS. Call EDS at (866) 301-7751 if you need to set up testing.
- Providers can check eligibility by telephone using MAVIS. Providers can contact MAVIS by calling (800) 685-3757 or in the Boise calling area at (208) 383-4310.

During the time that the system is shut down to implement the new eligibility transaction (5:00 PM MST on May 3, 2003 until 7:00 AM MST on May 5, 2003), providers can only verify eligibility through MAVIS (Medicaid Automated Voice Information Service) at (800) 685-3757, or (208) 383-4310 if calling from the local Boise area.

If you are unfamiliar with the use of MAVIS, or have not used this service to verify eligibility, you will need your 9-digit Idaho Medicaid Provider number and 4-digit security code to access the voice system. If you have never used MAVIS, we encourage you to establish your security code and familiarize yourself with the use of this system before May 3. If you are unsure of what your security code is contact EDS.

If you have questions about HIPAA-related eligibility changes, please call the HIPAA HelpLine at (208) 332-7322 or email HIPAAComm@idhw.state.id.us.

Submitted by DHW HIPAA Project

Attention: Pharmacy Providers

Impacts to Pharmacy Claims Service Beginning May 2, 2003

- Interactive Pharmacy claims will not be accepted after 5:00 PM MST Saturday, May 3, 2003. This service interruption will last until 7:00 AM MST Monday May 5, 2003. Batch pharmacy claims will not be accepted from 5:00 PM MST Friday, May 2, until 7:00 AM MST Monday, May 5.

Attention: All Providers

Impacts to Eligibility Verification the Weekend of May 3, 2003

- The eligibility transaction for HIPAA, (270/271), will be implemented during this weekend. On Saturday May 3, 2003 after 5:00 PM check eligibility by calling MAVIS (Medicaid Automated Voice Information Service) at (800) 685-3757 or (208) 383-4310 if calling from the local Boise area.
- On Sunday, May 4, from 8:00 AM to 5:00 PM MST, check eligibility through MAVIS. If you have problems with eligibility and need to speak to a representative, say the word "AGENT." Representatives will not be able to provide information on topics other than eligibility. An authorization number (or guarantee of eligibility) is provided when eligibility is verified and obtained through MAVIS. Please be aware there is **no** eligibility authorization number given by phone representatives.

See other stories in this newsletter for more information.

DHW Phone Numbers Addresses Web Sites

DHW Websites:
www.idahohealth.org
www2.state.id.us/dhw
www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

DHW Customer Service
(800) 378-3385
(208) 334-5795

Idaho Careline
211 (not available in all areas)
(800) 926-2588

Provider Fraud and Utilization Review
P. O. Box 83720
Boise, ID 83720-0036
(866) 635-7515 (toll free)
(208) 334-0675
Email:
~medicaidfraud&sur@idhw.state.id.us
(note: begins with ~)
Internet:
www2.state.id.us/dhw/Medicaid/providers/fraud.htm

Healthy Connections
Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766

Region II - Lewiston
(208) 799-5088
(800) 799-5088

Region III - Caldwell
(208) 455-7280
(800) 494-4133

Region IV - Boise
(208) 334-4676
(800) 354-2574

Region V - Twin Falls
(208) 736-4793
(800) 897-4929

Region VI - Pocatello
(208) 239-6260
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945

Spanish Speaking
(800) 862-2147

Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5795
(800) 378-3385

Prior Authorization Phone Numbers Addresses Web Sites

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

EMS Review Unit
(800) 362-7648
(208) 334-2484
Fax
(800) 359-2236
(208) 334-5242

PCG
P.O. Box 2894
Boise, ID 83701
(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

Pharmacy
P.O. Box 83720
Boise, ID 83720-0036
(877) 200-5441 (toll free)
(208) 364-1829
Fax (208) 364-1864

Web: www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

Qualis Health (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax (800) 826-3836 or
(206) 368-2765

Qualis Health Website
www.qualishealth.org/idahomedicaid.htm

Transportation Prior Authorization Unit
(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

Impacts to Eligibility Verification and Pharmacy Claims Service the Weekend of May 3, 2003

Over the weekend of May 3, 2003, Idaho Medicaid will be implementing changes based on the required Health Insurance Portability and Accountability Act (HIPAA). There will be a service interruption over this weekend that affects you if:

- You submit interactive Pharmacy claims or batch Pharmacy claims
- You check eligibility using any means other than calling MAVIS

Interactive Pharmacy claims will not be accepted after 5:00 p.m. MST Saturday, May 3, 2003. This service interruption will last until 7:00 a.m. MST Monday May 5, 2003. NCPDP 3.3 Batch Pharmacy claims will **not** be accepted after 5:00 p.m. MST on Friday, May 2, 2003. This interruption is due to the implementation of the HIPAA-compliant NCPDP 5.1 pharmacy claims transaction.

The eligibility verification transaction for HIPAA (270/271) will also be implemented during this weekend. On Saturday May 3, 2003, after 5:00 p.m. MST, check eligibility by calling MAVIS (Medicaid Automated Voice Information Service) at (800) 685-3757 or (208) 383-4310 if calling from the local Boise area.

On Sunday, May 4, from 8:00 a.m. to 5:00 p.m. MST, check eligibility through MAVIS. If you have problems with eligibility and need to speak to a representative, say the word "AGENT." Representatives will not be able to provide information on topics other than eligibility. An authorization number (or guarantee of eligibility) is provided when eligibility is verified and obtained through MAVIS. Please be aware there is **no** eligibility authorization number given by phone representatives.

We encourage you to verify eligibility for all clients prior to providing services to avoid unnecessary denials. If you are unfamiliar with the use of MAVIS, or have not used this service to verify eligibility, you will need your 9-digit Idaho Medicaid provider number and 4-digit security code to access the voice system. If you have never used MAVIS, we encourage you to establish your security code and familiarize yourself with the use of this system before May 3. If you are unsure of what your security code is contact EDS.

Effective May 5, 2003, due to implementation of the HIPAA eligibility transaction and response (270/271), you will be unable to verify eligibility using ECMS PC, the current point of service (POS) device, or other vendor software that isn't HIPAA compliant. Beginning May 5, 2003, you will need to begin using the new EDS software, Provider Electronic Solutions (PES), mailed to you in mid-April, HIPAA-compliant vendor software, or MAVIS to verify eligibility. The current POS devices will **not** function after May 3, 2003. There will be further communication on POS device replacement options coming soon.

Submitted by DHW HIPAA Project

POS Device Update

The Department of Health & Welfare has decided to replace the current point of service (POS) device with a HIPAA-compliant model. The new device will be offered at no cost to Idaho providers who currently use an Idaho Medicaid/EDS POS device to check Medicaid eligibility. While it is unknown at this time when the new POS device will be available, the Department will make the devices available as close to May 5, 2003 as possible. More information regarding distribution of the new devices will be provided when it becomes available. **Regardless of the availability of the new POS device, providers will not be able to obtain eligibility information using the current POS device after 5:00 PM MST May 3, 2003.**

Submitted by DHW HIPAA Project

Idaho Healthcare Conference 2003

This is a reminder that the annual Idaho Healthcare Conference will be taking place throughout the month of May in six locations. Registration is free for all Idaho providers and begins at 8:00 a.m. in all locations. Classes begin at 8:30 a.m. Please review the April 2003 MedicAide newsletter, available at the following link: http://www2.state.id.us/dhw/medicaid/MedicAide/0403.pdf, for specific class descriptions. Locations are listed below:

Clarkston, WA
Tuesday, May 6, 2003
8:00 a.m. to 4:15 p.m.
Quality Inn

700 Port Drive
Clarkston WA

Post Falls
Wednesday, May 7, 2003
8:00 a.m. to 4:15 p.m.
Red Lion Inn (formerly Templin's Resort)

414 E. First Avenue
Post Falls ID

Idaho Falls
Tuesday, May 13, 2003
8:00 a.m. to 4:15 p.m.
Shilo Inn

780 Lindsey Boulevard
Idaho Falls ID

Pocatello
Wednesday, May 14, 2003
8:00 a.m. to 4:15 p.m.
Pond Student Union, Building 14, ISU

1065 S. 8th St.
Pocatello ID

Burley
Thursday, May 15, 2003
8:00 a.m. to 4:15 p.m.
Burley Convention Center

800 N. Overland Avenue
Burley ID

Boise
Friday, May 30, 2003
8:00 a.m. to 4:15 p.m.
Student Union Building, Boise State University

1910 University Drive
Boise ID

Advantages of the CD Provider Handbook

In April, all active Idaho Medicaid providers received a copy of the new PES and provider handbook CD. There are several advantages to using the handbook in this electronic format. These include:

- Anyone at a service location using a personal computer with a CD-ROM drive can access the provider handbook and work directly from the CD or download it to their own computer.
- In offices that use a LAN, the handbook can be downloaded to the LAN and shared with other users.
- Providers can print as many paper copies as they want and distribute them to everyone who needs a copy. In addition, the user only needs to print those pages that they want.
- The online handbook is searchable. If the user wants information on a specific code, he or she can do a word search and go directly to every reference in the handbook.
- Users can copy information from the electronic handbook and paste it into other documents such as office guidelines.
- Providers who want to read about a different provider type can go to the CD and either copy just the paragraphs they need or download the entire file.

The most current version of the provider handbooks are always available on the Internet at: IdahoHealth.org. Select the Medicaid link, Information for Providers, Idaho Medicaid Provider Handbook. (This page has information on downloading Acrobat Reader and printing instructions.)

The CD also contains a copy of the *Qualis Health Provider Handbook* and the client information booklet, *What Is Medicaid?*

Submitted by EDS

EDS Phone Numbers Addresses

MAVIS
(800) 685-3757
(208) 383-4310

EDS
Correspondence
PO Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
PO Box 23
Boise, ID 83707
PCS & ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Provider Fax
(208) 395-2198

Client Assistance Line
Toll free: (888) 239-8463

HIPAA

DHW HIPAA Project

Mail:
DHW HIPAA Project
DHW
PO Box 83720
Boise, ID 83720-0036

Email:
HIPAAComm@idhw.state.id.us

Fax:
DHW HIPAA Project
(208) 334-0645

Internet:
www.idahohealth.org
(select H&W HIPAA quicklink)

Software Testing:
(866) 301-7751

EDS Phone Numbers Addresses

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., # 102
Coeur d'Alene, ID 83814

prudie.teal@eds.com
(208) 666-6859
(866) 899-2512 (toll free)
Fax (208) 666-6856

Region 2
JoAnn Woodland
1118 F Street
P.O. Drawer B
Lewiston, ID 83501

joann.woodland@eds.com
(208) 799-4350
Fax (208) 799-5167

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605

mary.jeffries@eds.com
(208) 455-7162
Fax (208) 454-7625

Region 4
Jane Hoover
1720 Westgate Drive, # A
Boise, ID 83704

jane.hoover@eds.com
(208) 334-0842
Fax (208) 334-0953

Region 5
Penny Schell
2241 Overland Avenue
Burley ID 83318

penny.schell@eds.com
Burley: Tuesday & Friday
(208) 677-4002

Twin Falls: Mon, Wed, Thurs
(208) 736-2143
Fax (208) 678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201

sheila.lux@eds.com
1-208-239-6268
Fax 1-208-239-6269

Region 7
Bobbi Woodhouse
150 Shoup Avenue
Idaho Falls, ID 83402

bobbi.woodhouse@eds.com
(208) 528-5728
Fax (208) 528-5756

Attention Pharmacy Providers

- A new prior authorization form requesting **growth hormone** is now available on the Medicaid Pharmacy Web Site. The prior authorization requirement and criteria for growth hormone is not new, however, providers can now expedite the prior authorization requests by using the new revised form for new requests for growth hormone. The clinical criteria for growth hormone prior authorization requests are now also posted on the Pharmacy Web Site.

- Providers are encouraged to review the current "Drugs That Require Prior Authorization" list on the Medicaid Pharmacy Web Site. Brand name prior authorization requirements were recently added for those brand name medications with generic equivalents which were recently priced with a Federal Upper Limit (FUL) amount or state maximum allowable cost (SMAC).

Submitted by DHW

Attention Physician and Hospital Providers

Included in this issue of *MedicAide* is an updated copy of the Select Pre-Authorization List of procedures and diagnoses that require review by Qualis Health. The only change to this list is the removal of the post-discharge review for Reduction Mammoplasty Surgery. Also included is an updated Pre-Authorization List of procedures which require pre-authorization by the Department. See page 7 for the Qualis list and page 9 for the Department list.

Submitted by DHW

EDS Dial-Up Phone Numbers Change for Electronic Billing

Providers who bill with the old EDS software, ECMS-PC, must change the dial-up phone numbers they use. These numbers are also used with the new PES software. **Note:** ECMS-PC software can no longer be used for checking eligibility after 5:00 p.m. Saturday, May 3, 2003.

Follow these instructions to change your dial-up setting for ECMS-PC:

Step 1 To change the settings in ECMS-PC, go to Utilities, Dial Up settings.

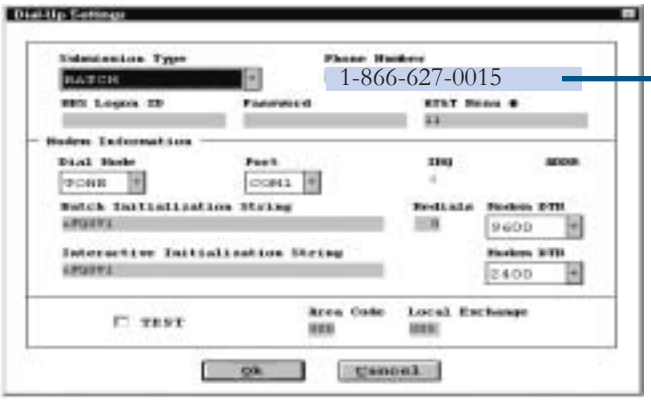
Step 2 Select Batch from the Submission Type drop down menu.

Step 3 Enter 1-866-627-0015

Step 4 Select Interactive from the Submission Type drop down menu.

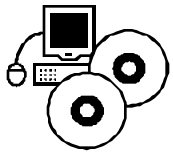
Step 5 Enter 1-866-627-0017

Step 6 Select OK.



Submitted by EDS

For those who missed the April workshops…want to learn how to use the PES software on the CD you got in the mail?



EDS and the Department of Health and Welfare are again offering opportunities for Idaho Medicaid providers to gain hands-on experience and learn about the new Provider Electronic Solutions (PES) software in regional PES PC labs. CDs that contain the PES software were mailed to all active Idaho Medicaid Providers in mid-April. PES replaced ECMS-PC on May 5, 2003 for checking eligibility and Pharmacy NCPDP 5.1 claim submission.

Attending the PES PC labs gives you the opportunity to learn how to:

- install PES software
- use the new HIPAA-compliant eligibility transaction
- use the Idaho PES Handbook
- save data lists in PES
- submit Medicaid claims using the new PES software

When:

May 19 - 23, 2003

Monday - Friday, two sessions per day

Morning	9:00 a.m. to 11:00 a.m.
Afternoon	1:00 p.m. to 3:00 p.m.

1st hour - Installation & Eligibility

2nd hour - Claims

Where:

Region 1 - 1120 Ironwood Dr., Coeur d'Alene
(no session on May 22 in Region 1)

Region 2 - 1118 "F" Street, Lewiston

Region 3 - 3402 Franklin Road, Caldwell

Region 4 - 1720 Westgate Drive, Boise

Region 5 - 601 Pole Line Road, Twin Falls

Region 6 - 1070 Hiline Road, Pocatello

Region 7 - 150 Shoup Avenue, Idaho Falls

RSVP - Required by May 9, 2003 - space is limited - first come - first served!

Name of Provider Entity_____
Medicaid Provider Number _____
Name(s) of persons attending from provider entity - limit 2 per provider entity
#1_____
#2_____
Region where you will attend_____
Phone number where you can be reached_____
Email address_____

Please circle morning or afternoon session(s) **on one date** you would like to attend (1st hour - Installation & Eligibility / 2nd hour - Claims). You will receive a confirmation of your reservation.

except Region 1

Date	5/19	5/20	5/21	5/22	5/23
9:00 - 11:00	am	am	am	am	am
1:00 - 3:00	pm	pm	pm	pm	pm

RSVP by:

- ➲ **faxing this completed page to (208) 334-0645**
- ➲ **phoning the HIPAA HelpLine with this information at (208) 332-7322**
- ➲ **emailing the above information to HIPAAComm@idhw.state.id.us**

RSVP - Required by May 9, 2003 - space is limited - first come - first served!

Select Pre-Authorization List of Diagnoses and Procedures
for Idaho Medicaid
and Division of Family and Community Services Clients
Revised March 2003

PRE-AUTHORIZATION LIST REQUIRING QUALIS HEALTH REVIEW

Phone 1 800-783-9207 Fax 1 800-826-3836

All surgical procedures on this list require pre-authorization for inpatient and outpatient services.

Procedure	ICD-9-CM Code October 2002	CPT® Code January 2003
Arthrodesis (Spinal Fusion)	78.59 81.00 through 81.08 81.30 through 81.39 **81.61 effective 1/1/2003**	22548, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22851, 27280
Laminectomy/Diskectomy	03.02 03.09 03.1 03.6 80.50 80.51	63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63172, 63173, 63180, 63182, 63185,63190, 63191, 63194, 63195,63196,63197, 63198, 63199, 63200
Hysterectomy Abdominal Vaginal Laparoscopic Radical Other and Unspecified	 68.3 68.4 68.6 68.51 68.59 68.7 68.9	 58180, 59135, 59525 58150, 58152, 58200, 58951, 59135, 59525 58210 58550, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, **58290, 58291, 58292, 58293, 58294 effective 1/1/2003** 58953, 58954
Reduction Mammoplasty Unilateral, Bilateral	85.31, 85.32	19318
Total Hip Replacement Revision	81.51 81.53	27130 27132, 27134, 27137, 27138
Partial Hip Replacement	81.52	27125
Total Knee Replacement **Revision**	**81.54** **81.55 Effective 1/1/2003**	**27445, 27446, 27447** **27486, 27487 Effective 1/1/2003**

Qualis Health Pre-Authorization List continued on page 8

Qualis Health Pre-Authorization List continued from page 7

Procedure	**ICD-9-CM Code October 2002**	**CPT® Code January 2003**
Transplants		
Bone Marrow Transplant		
Autologous	41.00, 41.01, 41.04, 41.07, 41.09	38241
Allogenic	41.02, 41.03, 41.05, 41.06**,** 41.08	38240, **38242 effective 1/1/2003**
Liver Transplant		47135, 47136
	50.59	
Kidney Transplant		50380
	55.61	50360, 50365
	55.69	
Intestinal Transplant		44133, 44135, 44136
	46.97	
Heart Transplant		33945
(Note: Transplant facilities must be Medicare approved.)	37.5	
NOTE: All bariatric procedures require pre-authorization by the Department.		
Alcohol and Drug Rehabilitation and Detoxification		
Inpatient Only	94.61	90899
Alcohol Rehabilitation	94.62	90899
Alcohol Detoxification	94.63	90899
Alcohol Rehabilitation and Detoxification	94.64	90899
Drug Rehabilitation	94.65	90899
Drug Detoxification	94.66	90899
Drug Rehabilitation and Detoxification	94.67	90899
Combined Alcohol and Drug Rehabilitation	94.68	90899
Combined Alcohol and Drug Detoxification	94.69	90899
Combined Alcohol and Drug Rehabilitation and Detoxification		
Psychiatric Admissions (Diagnosis Codes)	291.0 through 314.0	
Inpatient Only		
Physical Rehabilitation	V57 (Diagnosis Code)	
Care involving use of rehabilitation procedures	This includes admission to all rehabilitation facilities, regardless of diagnosis.	
Inpatient Only		

Idaho Medicaid Medical/Surgical Procedures Requiring Dept Pre-Authorization

Revised 3/01/2003 **Prior approval is required for any reconstructive, plastic, cosmetic or elective surgery not listed below or which is not on the Select Pre-Auth List requiring Qualis Health Review.**

Proc	Description
03.29	Other chordotomy
15831	Excessive skin and subcutaneous tissue; abdomen
15877	Suction assisted lipectomy; trunk
17106	Destruction of cutaneous vascular proliferative lesions; less than 10 sq cm
17107	Destruction of cutaneous vascular proliferative lesions; 10.0 - 50.0 sq cm
17108	Destruction of cutaneous vascular proliferative lesions; over 50.0 sq cm
19324	Mammoplasty,augmentation w/o prosthetic implant
19325	Mammoplasty with prosthetic implant
19328	Removal of intact mammary implant
19330	Removal, breast implant
19340	Immediate insertion of breast prosthesis
19342	Delayed insertion of breast prosthesis
19350	Reconstruction, nipple/areola
19357	Breast reconstruct w/tissue expander include subsequent expansion
19361	Breast reconstrust w/latissimus dorsi flap, w/wo prosthetic implant
19364	Breast reconstruction with free flap
*******	19366 through 19371 breast reconstruction
19380	Revision of reconstructed breast
19499	Unlisted procedure, breast
*******	21120 through 21127 repair, revision and/or reconstruction, head
*******	21141 through 21296 repair, revision and/or reconstruction, head
29999	Unlisted procedure, arthroscopy
30462	Rhinoplasty; tip, septum, osteotomies
37700	Ligation & division of long saphenous vein at saphenofemoral junction
37720	Ligation, division & complete stripping of long or short saphenous veins
37730	Ligation, division & complete stripping of long and short saphenous veins
37735	Ligation, division & complete stripping of long or short saphenous
37760	Ligation of perforator veins, subfascial, radical
37780	Ligation & division of short saphenous vein
37785	Ligation, division and/or excision of recurrent or secondary varicose veins
38.59	Leg varicose veins ligation & stripping
43842	Gastric restrictive procedure-medicare xover only
43843	Gastroplasty, other than vert-banded, w/o bypass
43846	Gastric bypass, with roux-en-y gastroenterostomy
43847	Gastric procedure; w/bowel reconstruction
43850	Revision of gastroduodenal ansatomosis w/reconstru
44.31	High gastric bypass
44.39	Gastroenterostomy nec
48160	Pancreatectomy
50.51	Auxiliary liver transplant, leaving patient's own liver in situ
52640	Transurethral resection, prostate
59866	Multifetal pregnancy reduction(s)
61885	Incision subcutaneous place cranial neurostimulator

Dept Pre-Authorization List continued on page 10

Dept Pre-Authorization List continued from page 9

64573	Incision for implant of neuro electrodes, cranial nerve
69930	Cochlear device implant; w/wo mastoidectomy
85.53	Unilat breast implant
85.54	Bilateral breast implant
85.7	Total breast reconstruct
85.83	Breast full-thick graft
85.84	Breast pedicle graft
85.85	Breast muscle flap graft
85.87	Nipple repair nec
85.93	Breast implant revision
85.94	Breast implant removal
85.95	Insert breast tissue expander
85.96	Remove breast tissue expander
85.99	Breast operation nec
86.83	Size reduct plastic op, liposuction
87903	Phenotype analysis by DNA/RNA, HIV 1, first through 10 drugs tested
87904	Phenotype analysisby DNA/RNA, HIV1, each additional 1 through 5 drugs
88235	Tissue culture for chromosome analysis, amniotic
88267	Chromosome analysis, amniotic fluid
88280	Chromosome analysis, amniotic fluid
97039	Unlisted modality; constant attendance
97139	Physical medicine therapeutic treatment, unlisted procedure
97799	Unlisted physical medicine rehab service or procedure
99.99	Non-op procedure nec
G0125	PET imaging regional or whole body; single pulmonary nodule
*******	G0210 through G0230 PET imaging
*******	G0252 through G0254 PET imaging

Provider Name and Address on RAs

The provider name and address printed out on your weekly remittance advice (RA) reflects the 'Pay To' name you entered on the W-9 form at the time of enrollment in the Idaho Medicaid program. This name and address should match the FEIN or social security number that you report to the IRS. It may or may not be the same as your 'Doing Business As' name.

If your 'Pay To' name and/or address are not correct on your RA, notify EDS in writing immediately. You can use the Change of Provider Information Authorization Form in the forms appendix of the Idaho Medicaid Provider Handbook. For more information contact EDS Provider Enrollment at (208) 395-2198 or at EDS Provider Enrollment, P.O. Box 23, Boise, ID 83707. You must include a signed W-9 form when requesting a change of your tax identification number.

It is critical that providers inform EDS in writing of any changes to their provider data. Notify EDS when you:

- have a new address or phone number
- have a new tax ID number
- have new certification, license, or insurance documentation
- want to affiliate with or disassociate from a group number
- want to make a change in your status (active, voluntary inactive, retired, etc.)

Submitted by EDS

Methods Available for Checking Medicaid Eligibility May 2 through May 5, 2003

Date	Current POS Device	MAVIS[M]	EDS Rep	ECMS-PC	PES	Vendor
From 5:00 pm MST, Friday, May 2 through 5:00 pm MST, Saturday, May 3	**YES**	**YES**	**NO**	**YES**	**NO**	**YES**
From 5:00 pm MST, Saturday, May 3 through 8:00 am MST, Sunday, May 4	**NO**	**YES**	**NO**	**NO**	**NO**	**NO**
From 8:00 am MST, Sunday, May 4 through 5:00 pm MST, Sunday, May 4	**NO**	**YES**	**YES[E]**	**NO**	**NO**	**NO**
From 5:00 pm MST, Sunday, May 4 through 7:00 am MST, Monday, May 5	**NO**	**YES**	**NO**	**NO**	**NO**	**NO**
After 7 am MST, Monday, May 5	**NO**	**YES**	**YES**	**NO**	**YES**	**YES[V]**

Definitions:

POS Device
Electronic Point of Service card-swipe device that connects Medicaid providers directly with eligibility information for Medicaid recipients.

ECMS-PC
Electronic Commerce Management System – for pc's. Software provided free of charge to Medicaid providers to bill and check Medicaid eligibility. Will become obsolete for eligibility May 3, 2003.

PES
Provider Electronic Solutions (PES) – replacement for ECMS-PC software. Medicaid billing and eligibility software provided free of charge to Medicaid providers. Will be mailed to providers mid-April 2003. Will become available for eligibility May 5, 2003.

MAVIS
Medicaid Automated Voice Information Service – An automated voice recognition system that gives providers information about client eligibility.

Notes:

[M] **MAVIS:** MAVIS will return information indicating whether or not an individual is eligible for Medicaid services including program limitations, Healthy Connections, Long Term Care, and Third Party Recovery. MAVIS will **not** have service limitation information.

[E] **EDS Reps**: 2 EDS telephone representatives will be available Sunday, May 4, from 8:00 a.m. to 5:00 p.m., primarily for Pharmacy eligibility verification.

[V] **Vendor:** Vendor software will work after 7:00 a.m. Monday, May 5, if it uses the HIPAA-compliant 270/271 eligibility transaction format and if the vendor has tested successfully with EDS.

Submitted by DHW HIPAA Project

Information Releases Table of Contents

Information Releases on Web

To obtain a copy of any current information release, please check the DHW website at **www2.state.id.us/dhw** and select **Medicaid**. If you do not have access to the Internet or do not see the specific release listed and would like a copy, please call (208) 334-5795.

The following releases have been mailed out recently to affected providers. Due to the size of the newsletter we have chosen not to reprint these releases in the May issue – they will be reprinted in the June newsletter. Copies are available at the Internet site above.

Information Release Number	Topic
2003-08	Indian Health Encounter Rate
2003-17	Non-Hospital Based Ground Ambulance Reimbursement
2003-18	PCS Wage Survey
2003-19	Swing Bed Rate/AND
2003-25	Billing Pharmacy Claims with Other Insurance Coverage
2003-26	Claim Submission for Compound Drugs

May 1, 2003

Medicaid Information Release MA03-06

To: Ambulatory Surgical Centers (ASC), Hospitals, Federally Qualified Health Centers (FQHC), Physicians, Osteopaths, Mid-level Practitioners, Essential Care Providers, Podiatrists

From: Paul Swatsenbarg, Deputy Administrator

Subject: Ambulatory Surgery Center Codes and Levels

The Department, in accordance with the *Rules Governing the Medical Assistance Program* IDAPA 16.03.09.121.03a and b, is providing a list of approved procedures to all participating ASCs. We have updated the ASC and Hospital Provider Handbooks with the new codes, changes in level of reimbursement, and deleted codes.

Updated Procedure Code Desc. – short	ASC level	CPT Code
Removal of intact mammary implant	01	19328
Removal of mammary implant material	01	19330
Immediate insertion of breast prosthesis following mastopexy, mastectomy or reconstruction	02	19340
Nipple/Areola reconstruction	04	19350
Breast reconstruction of free flap	05	19364
Breast reconstruction with other technique	05	19366
Open perioprosthetic capsulotomy, breast	04	19370
Periprosthetic capsulotomy, breast	04	19371
Revision of reconstructed breast	05	19380
Aspiration and/or injection of ganglion cyst(s) any location	01	20612
Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy	09	21046
Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy	09	21047
Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy	08	21048
Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy	08	21049
Arthroplasty, temporomandibular joint, with prosthetic joint replacement	05	21243
Malar augmentation, prosthetic material	05	21270
Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach; without thoracoscopy	01	21742
Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach; with thoracoscopy	01	21743
Closed treatment of humeral epicondylar fracture medial or lateral; w/o manipulation	01	24560
Decompression fasciotomy, forearm and/or wrist flexor and extensor compartment; w/o debridement of nonviable muscle and/or nerve	03	25024
With debridement of nonviable muscle and/or nerve	03	25025

Updated Procedure Code Desc. – short	ASC level	CPT Code
Repair, tendon sheath, extensor, forearm and/or wrist with free graft	04	25275
Percutaneous skeletal fixation of distal radioulnar	01	25671
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy	03	29805
Arthroscopy, shoulder, surgical; synovectomy, complete	03	29821
Arthroscopy, shoulder, surgical; distal claviculectomy, including distal articular surface	05	29824
Arthroscopy, shoulder, surgical; with rotator cuff repair	08	29827
Arthroscopy, internal fixation for fracture or instability	03	29847
Arthroscopy, knee, surgical; lateral release	08	29873
Arthroscopy, ankle, surgical; with ankle arthrodesis	08	29899
Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy	03	29900
Arthroscopy, metacarpophalangeal joint, surgical; with debridement	03	29901
Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament	03	29902
Excision or surgical planning of skin of nose for rhinophyma	01	30120
Rhinoplasty, secondary; minor revision	03	30430
Repositioning of previously implanted transvenous pacemaker or pacing cardioverter-defibrillator electrode (RT atrial or RT ventricular)	06	33215
Insertion of pacing electrode, cardiac venous system, for LT ventricular pacing, w/attachment to prev. placed pacemaker or pacing cardioverter-defibrillator pulse generator	08	33224
Insertion of pacing electrode, cardiac venous system, for LT ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator	08	33225
Repositioning of previously implanted cardiac venous system LT ventricular electrode	06	33226
Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure	06	33508
Mechanical removal of pericatheter obstructive material from central venous device via separate venous access	01	36536
Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen	01	36537
Arteriovenous anastomosis, open; by forearm vein transposition	03	36820
Vascular endoscopy, surgical, with ligation of perforator veins, subfascial	08	37500
Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic	05	38205
Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	05	38206
Drainage of abscess, cyst, hematoma from dentoalveolar structures	01	41800
Removal of embedded foreign body from dentoalveolar structures; soft tissues	01	41805

Updated Procedure Code Desc. – short	ASC level	CPT Code
Removal of embedded foreign body from dentoalveolar structures; bone	01	41806
Excision of lesion or tumor, dentoalveolar structures; with complex repair	02	41827
Esophagoscopy, rigid or flexible; with direct submucosal injection(s), any substance	01	43201
Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with direct submucosal injection(s), any substance	01	43236
Laparoscopy, surgical; colectomy, partial, w/end colostomy and closure of distal segment	09	44206
Laparoscopy, surgical; colectomy, partial with anastomosis, w/coloproctostomy	09	44207
Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy with colostomy	09	44208
Sigmoidoscopy, flexible; with directed submucosal injections(s), any substance	01	45335
Sigmoidoscopy, flexible; with dilation by balloon, one or more strictures	01	45340
Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance	01	45381
Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, one or more strictures	01	45386
Placement of seton	03	46020
Repair of anal fistula with fibrin glue	01	46706
Insertion of intraperitoneal cannula or catheter, with subcutaneous reservoir, permanent	09	49419
Laparoscopy, surgical; ablation of renal mass lesion(s)	09	50542
Laparoscopy, surgical; partial nephrectomy	09	50543
Renal endoscopy through established nephrostomy or pyelostomy, with or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor	01	50562
Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	02	52001
Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence	02	53431
Insertion of tandem cuff (dual cuff)	02	53444
Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	01	53445
Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	01	53446
Transurethral destruction of prostate tissue; by microwave thermotherapy	09	53850
Lysis or excision of penile post-circumcision adhesions	02	54162
Repair incomplete circumcision	02	54163

Updated Procedure Code Desc. – short	ASC level	CPT Code
Frenulotomy of penis	02	54164
Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral	04	54900
Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral	04	54901
Colposcopy of the vulva;	01	56820
Colposcopy of the vulva; with biopsy(s)	01	56821
Closure of urethrovaginal fistula; with bulbocavernosus transplant	04	57311
Colposcopy of the entire vagina, with cervix if present	01	57420
Colposcopy of the entire vagina, with cervix if present; with biopsy(s)	01	57421
Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	01	57455
Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	01	57456
Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix w/o dilation and curettage, with or w/o repair; loop electrode excision	01	57461
Laparoscopy surgical, with vaginal hysterectomy, for uterus greater than 250 gm	09	58553
Laparoscopy surgical, with vaginal hysterectomy, for uterus greater than 250 gm; with removal of tube(s) and/or ovary(s)	09	58554
Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomoy and/or salipingectomy)	05	58661
Repair of blepharoptosis; frontalis muscle technique with suture or other material	05	67901
Repair of blepharoptosis; frontalis muscle technique with fascial sling (includes obtaining fascia)	05	67902
Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	04	67903
Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	04	67904
Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	05	67906
Repair of blepharoptosis; conjunctive-tarso-Muller's muscle-levator resection	04	67908
Correction of lid retraction	03	67911
Removal of foreign body or dacryolith, lacrimal passages	01	68530
Mechanical removal of pericatheter obstructive material from central venous device via separate venous access, radiologic supervision and interpretation	01	75901
Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation	01	75902
Percutaneous transcatheter closure of congenital interatrial communication with implant	09	93580

Updated Procedure Code Desc. – short	ASC level	CPT Code
Percutaneous transcatheter closure of congenital ventricular septal defect; with implant	09	93581
Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal or brain	01	95990
Laser treatment for inflammatory skin disease; total area less than 250 sq cm	01	96920
Laser treatment for inflammatory skin disease; 250 sq cm to 500 sq cm	01	96921
Laser treatment for inflammatory skin disease; over 500 sq cm	01	96922
Colorectal cancer screening; colonoscopy on individual at high risk	02	G0105
Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	02	G0121
Prostate brachytherapy using permanently implanted palladium seeds, including transperitoneal placement of needles or catheters into prostate, cystoscopy and application of permanent interstitial radiation source	09	G0256
Prostate brachytherapy using permanently implanted iodine seeds, including transperineal placement of needles or catheters into the prostate, cystoscopy and application of permanent interstitial radiation source	09	G0261

ASC level changes for the following codes:	New Level	CPT code
Replacement of tissue expander with permanent prosthesis	03	11970
Image guided placement, metallic localization clip, percutaneous, during breast biopsy	01	19295
Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	03	19342
Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	05	19357
Injection procedure for hip arthrography; with anesthesia	02	27095
Arthroscopy, surgical; debridement/shaving of articular cartilage	04	29877
Arthroscopy, surgical; with (medial and lateral, including any meniscal shaving) meniscectomy	04	29880
Hysteroscopy, surgical; with removal of leiomyomata	03	58561
Hysteroscopy, surgical; with removal of impacted foreign body	03	58562
Excision of neuroma; digital nerve, one or both, same digit	03	64776
Repair of scleral staphyloma; without graft	03	66220

Code for reporting purposes only	
Injection procedure for hip arthrography; with anesthesia of sentinel node	27095
Services furnished with other codes and are not separately payable	
Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	36215

Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	36216
Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	36217
Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family	36218
Injection procedure; for identification of sentinel node	38792

The following CPT codes are no longer allowable for ASC place-of-service because they have been identified as an inpatient procedure only or they are no longer a valid CPT code.

Description	**CPT code**
Reconstructive repair	13300
Cross finger flap, including free	15580
Delay of flap or sectioning of flap	15625
Biopsy, rib *(inpatient only)*	21615
Excision first and/or cervical*(inpatient only)*	21616
Toe-to-hand transfer; great toe	26651
Hemi-epiphyseal arrest, leg *(inpatient only)*	27485
Fracture, tibia	27751
Amputation, leg *(inpatient only)*	27886
Maxillary sinus endoscopy diagnostic	31260
Sphenoid endoscopy, surgical	31275
Total lung lavage	32001
Upper GI endoscopy	34256
Direct repair aneurysm/excision *(inpatient only)*	35161
Exploration for postop hemorrhage *(inpatient only)*	35800
Upper GI endoscopy, simple prim exam	42324
Cystourethroscopy, diagnostic	52335
Cystourethroscopy w/remvl OR	52336
Cystourethroscopy w/lithotripsy	52337
Cystourethroscopy w/biopsy	52338
Cystourethroscopy w/res	52339
Cystourethroscopy w/incision	52340
Laparoscopy surgical/fulgurate	56301
Laparoscopy w/occlusion ovid	56302
Laparoscopy w/removal adnexa	56307
Laparoscopy surgical w/removal	56309
Repair of initial inguinal hernia	56316
Repair of recurrent inguinal hernia	56317
Laparoscopy w/ligation of spermatic vein	56320
Hysteroscopy diagnostic sepe	56350

Description	CPT code
Hysteroscopy surg w/sampling	56351
Hysteroscopy surg w/lysisint	56352
Hysteroscopy surg w/removal	56354
Hysteroscopy surg w/endometr	56356
Laparoscopy w/guided transhe	56362
With biopsy	56363
Salpingectomy, compl or part *(inpatient only)*	58700
Oophorectomy*(inpatient only)*	58940
Anesthetic injection	62274
Anesthetic injection	62275
Anesthetic injection	62276
Anesthetic injection	62277
Anesthetic injection	62278
Anesthetic injection	62279
Injection, subarachnoid	62288
Injection, epidural caudal	62289
Somatic nerves paravetebral	64442
Somatic nerves paravetebral	64443

Dental Services Performed in an ASC (Effective 06/01/2003)
Effective for dates-of-service on or after June 1, 2003, Medicaid will reimburse for outpatient dental procedures performed in an ASC with a single fee under the surgical procedure code **41899** (Level 3). Procedure codes M0050, M0051, M0052, and M0054 will no longer be valid procedure codes.

Request for code changes
If there is a code not listed you would like to have reviewed for inclusion as being completed in an ASC, please submit your request in writing to the following address:

Idaho Medicaid, Bureau of Medicaid Benefits and Reimbursement Policy, Attn: Jan Uren, R.N., Alternative Care Coordinator, P.O. Box 83720, Boise, ID 83720-0036

Please include the following information with your request: Blood loss, length of surgery and anesthesia time, period of post-operative pain management, recovery time, if the procedure involves a major blood vessel, or major or prolonged invasion of a body cavity. Also, please indicate whether the procedure can be completed in a physician's office.

To verify if a procedure requires prior authorization, please call the Medicaid Automated Voice Information System (MAVIS) toll-free at (800) 685-3757 or (208) 383-4310 (local to Boise). You can also refer to the Qualis Health and DHW prior authorization lists.

If you have any questions regarding the information in this notice, please contact Colleen Osborn at (208) 334-5795. Thank you for your continued participation in the Idaho Medicaid Program.

PS/ju/co

May 1, 2003

Medicaid Information Release MA03-07

To: Hospitals, Free-Standing Dialysis Units, Durable Medical Equipment (DME) providers

From: Paul Swatsenbarg, Deputy Administrator

Subject: Outpatient Hemodialysis Billing Information and Home Dialysis Supplies and Equipment

Information for Hospitals
Inpatient dialysis procedures billed by a hospital should be billed under the hospital's provider number.

Information for Freestanding Dialysis Units
Outpatient dialysis procedures provided by a freestanding dialysis facility should be billed on a UB92 claim form in the following manner:

- Use bill-type 131
- Medicare cross-over claims (Medicare is primary insurance) cannot be sent electronically to Idaho Medicaid from Medicare and therefore, must be submitted to Idaho Medicaid on a paper claim form with the EOB from Medicare attached.
- When reporting the Medicare payment in field 54 on the UB92 claim form, please report the Medicare payment plus the contractual adjustment.
- Dialysis procedures are reported with the following revenue codes:

  821—outpatient dialysis; CPT code 90999

  270—dialysis supplies

  272—special supplies

  634—Epoetin up to 10,000 units (one billing unit = 1,000 units)

  635—Epoetin over 10,000 units (one billing unit = 1,000 units)
  Example for billing with Revenue Code 635: 40,000 units would be reported as 40 billing units on the UB92 claim form

  636—dialysis drugs; please use the appropriate corresponding J-code from the most current 2003 HCPCS book.

- If billing using a date span, please make sure that the header date span is reflected in the detail dates. **Note: Each date of service must be billed on a separate detail line.**
  For example, header dates 01/01/03 to 01/13/03, one detail line should reflect 01/01/03 and the next detail line should report 01/13/03.

Information on Home Dialysis Supplies and Equipment
Home dialysis supplies and equipment should be billed on a CMS-1500 claim form, not a UB92 claim form. As of April 01, 2002, Dialysis supply kits are no longer valid for submission to the DMERC for Medicare/Medicaid covered individuals. Instead, providers will need to bill with the appropriate HCPCS codes describing the individual items provided. Listed below are 2003 HCPCS for dialysis supplies with information regarding prior authorization, units, and whether an invoice must be attached to the claim.

Description Shortened-version	HCPCS 2003	Units	PA	Invoice
Alcohol or peroxide, per pint	A4244	1-999	N	N
Alcohol wipes, per box	A4245	1-5	N	N
Betadine or phisohex solution, per pint	A4246	1-999	N	N
Betadine or iodine swabs/wipes, per box	A4247	1-4	N	N
Tape, non-waterproof, per 18 square inches	A4450	1-40	N	N
Tape, waterproof, per 18 square inches	A4452	1-40	N	N
Calibrated microcapillary tube, each	A4651	1-20	N	N
Microcapillary tube sealant	A4652	1-20	N	N
Peritoneal dialysis catheter anchoring device, belt, each	A4653	1-1	N	Y
Needle, any size, each	A4656	1-200	N	N
Syringe, with or w/o needle, each	A4657	1-200	N	N
Sphygmomanometer/blood pressure apparatus with cuff & stethoscope	A4660	1-1	N	Y
Blood pressure cuff only	A4663	1-1	N	Y
Automatic blood pressure monitor	A4670	1-1	N	N
Activated carbon filter for hemodialysis, each	A4680	1-30	N	N
Dialyzer, all types, all sizes for hemodialysis	A4690	1-1	N	N
Bicarbonate concentrate, solution, for hemo-dialysis, per gallon	A4706	1-250	N	N
Bicarbonate concentrate, powder, for hemo-dialysis, per packet	A4707	1-250	N	N
Acetate concentrate, solution, per gallon	A4708	1-250	N	Y
Acid concentrate, solution, per gallon	A4709	1-250	N	N
Water, sterile, per 10 ml	A4712	1-400	N	N
Treated water for peritoneal dialysis, per gallon	A4714	1-999	N	Y
Y set tubing for peritoneal dialysis	A4719	1-90	N	N
Dialysate solution, any concentration of dextrose fluid volume greater than 249cc, but ≤ 999cc for peritoneal dialysis	A4720	1-250	N	N
Dialysate solution, any concentration of dextrose fluid volume greater than 999cc, but ≤ 1999cc for peritoneal dialysis	A4721	1-250	N	N
Dialysate solution, any concentration of dextrose fluid volume greater than 1999cc, but ≤ 2999cc for peritoneal dialysis	A4722	1-250	N	N
Dialysate solution, any concentration of dextrose fluid volume greater than 2999cc, but ≤ 3999cc for peritoneal dialysis	A4723	1-250	N	N
Dialysate solution, any concentration of dextrose	A4724	1-250	N	N

Description Shortened-version	HCPCS 2003	Units	PA	Invoice
fluid volume greater than 2999cc, but ≤ 4999cc for peritoneal dialysis				
Dialysate solution, any concentration of dextrose fluid volume greater than 4999cc, but ≤ 5999cc for peritoneal dialysis	A4725	1-250	N	N
Dialysate solution, any concentration of dextrose fluid volume greater than 5999cc	A4726	1-250	N	N
Fistula cannulation set for hemodialysis, each	A4730	1-999	N	N
Topical anesthetic, per gram	A4736	1-999	N	Y
Injectable anesthetic, per 10 ml	A4737	1-999	N	Y
Shunt accessory, any type, each	A4740	1-999	N	Y
Blood tubing, arterial or venous, each	A4750	1-999	N	N
Blood tubing, arterial and venous combined, each	A4755	1-999	N	N
Dialysate solution test kit, any type, each	A4760	1-250	N	Y
Dialysate concentrate, powder, additives, per packet	A4765	1-250	N	N
Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml	A4766	1-250	N	Y
Blood collection tube, vacuum, per 50	A4770	1-999	N	N
Serum clotting time tube, per 50	A4771	1-999	N	N
Blood glucose test strips, for dialysis, per 50	A4772	1-999	N	N
Occult blood test strips, per 50	A4773	1-999	N	N
Ammonia test strips, per 50	A4774	1-999	N	Y
Protamine sulfate, for hemodialysis, per 50 mg	A4802	1-999	N	N
Disposable catheter tips for peritoneal dialysis, per 10	A4860	1-240	N	N
Plumbing and/or electrical work for home hemodialysis equipment	A4870	1-999	N	Y
Contracts, repair and maintenance, for hemodialysis equipment	A4890	1-999	N	Y
Drain bag/ bottle, each	A4911	1-90	N	N
Miscellaneous dialysis supplies, NOS	A4913	1-999	N	Y
Venous pressure clamp, each	A4918	1-999	N	Y
Gloves, non-sterile, per 100	A4927	1-20	N	N
Surgical mask, per 20	A4928	1-999	N	N
Tourniquet for dialysis, each	A4929	1-20	N	N
Gloves, sterile, per pair	A4930	1-100	N	Y
Skin sealants, protectants, moisturizers, ointments, any type, any size	A6250	1-999	N	Y
Wound cleansers, any type, any size	A6260	1-999	N	Y
Electric heat pad, standard	E0210	1-1	Y	N

Description Shortened-version	HCPCS 2003	Units	PA	Invoice
Centrifuge	E1500	1-1	Y	Y
Kidney, dialysate delivery system kidney machine, pump recirculating, air removal system, flowrate meter, power off, heater & temp control w/alarm IV poles, pressure gauge, concentrate container	E1510	1-1	Y	N
Heparin infusion pump	E1520	1-1	Y	Y
Air bubble detector, each, replacement	E1530	1-1	Y	Y
Pressure alarm, each, replacement	E1540	1-1	Y	Y
Bath conductivity meter, each	E1550	1-1	Y	Y
Blood leak detector, each, replacement	E1560	1-1	Y	Y
Adjustable chair, for ESRD patients	E1570	1-1	Y	N
Transducer protectors/fluid barriers, for hemodialysis, any size, per 10	E1575	1-1	Y	N
Unipuncture control system	E1580	1-1	Y	Y
Hemodialysis machine	E1590	1-1	Y	Y
Automatic intermittent peritoneal dialysis machine	E1592	1-1	Y	Y
Cycler dialysis machine peritoneal dialysis	E1594	1-1	N	N
Delivery and/or installation charges	E1600	1-1	Y	N
Reverse osmosis water purification system	E1610	1-1	Y	N
Deionizer water purification system	E1615	1-1	Y	Y
Blood pump for hemodialysis, replacement	E1620	1-1	Y	Y
Water softening system	E1625	1-1	Y	Y
Reciprocating peritoneal dialysis system	E1630	1-1	Y	Y
Wearable artificial kidney, each	E1632	1-1	Y	Y
Compact (portable) travel hemodialyzer system	E1635	1-1	Y	Y
Sorbent cartridges, per 10	E1636	1-1	Y	Y
Hemostats, each	E1637	1-1	Y	N
Scale, each	E1639	1-1	Y	N
Dialysis equipment, NOS	E1699	1-1	Y	Y
Injection, heparin sodium, 1,000 units	J1644	1-999	N	N

It has come to our attention that the following two codes, **A4900** (continuous ambulatory peritoneal dialysis supply kit – CAPD) and **A4901** (continuous cycling peritoneal dialysis – CCPD), were billable codes to DMERC until April 1, 2002, and that some providers submitted claims and were denied reimbursement for individuals who were only eligible for Medicaid benefits from January 1, 2002 until April 1, 2002. The claims processing system has been updated. If you have claims that were denied on the codes A4900 or A4901, please resubmit the claims to EDS. For dates-of-service on or after April 1, 2002, please follow the current DMERC criteria.

If you have questions regarding the information in this notice, please contact Colleen Osborn (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

PS/ju/co

May 1, 2003

Medicaid Information Release MA03-16

To: **Durable Medical Equipment Providers (DME)**

From: **Paul Swatsenbarg, Deputy Administrator**

Subject: **State-Only DME Codes**
Medical Necessity Documentation Format
Lifetime Limits of DME
Upgrades for DME
Rolling Month Billing Cycle
Contact Information

State-Only Code Changes
Effective for dates-of-service on or after **May 1, 2003**, the following state-only codes will no longer be valid. Please bill with the appropriate new HCPCS code. All manual priced services require an invoice to be attached to the prior authorization request.

Code Deleted	Description	New Code	Price	Prior Auth.
0132E	Pediatric positioning car seat	E0710 Restraint, any type	Manual	Y
0138E	Bath seat w/back	E1399 Misc. DME	Manual	Y
0140E	Commode, drop arm	E0163-E0166 Commode codes	$105.20-297.00	N
0154E	Grab bar, bathtub edge	E0246 Transfer tub rail attach.	$39.79	N
0155E	Shower/commode chair	E0163-E0166 Commode codes	$105.20-297.00	N
0344E	Grab bar, wall mount 16 in.	E0243 Toilet rail	$16.62	N
0345E	Grab bar, wall mount 18 in.	E0243 Toilet rail	$16.62	N
0346E	Grab bar, wall mount 24 in.	E0241 Bath tub wall rail	$19.99	N
0347E	Grab bar, wall mount 32 in.	E0241 Bath tub wall rail	$19.99	N
0905E	Wheelchair labor, per 15 min.	E1340 Repair or nonroutine service for DME requiring the skill of a technician, labor component, 1 unit = 15 minutes	$7.00	N
4085B	MIC tube	B4086 Gastrostomy/jejunostomytube, any material, any type, each	$32.66	N
6759S	Child brief, small	A4529 Child diaper; sm-med	$.33	N
6761S	Child brief, medium	A4529 Child diaper; sm-med	$.33	N
6764S	Child brief, large	A4530 Child diaper, L	$.42	N
6765S	Child brief, XL	A4533 Youth diaper, XL	$.64	N
6765S	Adult brief, small	A4521 Adult diaper, sm	$.64	N
6766S	Adult brief, medium	A4522 Adult diaper, med	$.78	N

Code Deleted	Description	New Code	Price	Prior Auth.
6767S	Adult brief, large	A4523 Adult diaper, L	$1.05	N
0390E	Pull-ups, small	A4531 Child disposable brief, sm-med	$.62	N
0391E	Pull-ups, medium	A4531 Child disposable brief, sm-med	$.62	N
0392E	Pull-ups, large	A4532 Child disposable brief, L	$.62	N
0393E	Pull-ups, goodnights, M-XL	A4534 Youth disposable brief	$.64	N
6773S	Pull-ups, goodnights, XXL	A4534 Youth disposable brief	$.64	N
6777S	Pants, reusable	A4536 Protective underwear, washable	$8.20	N
6778S	Wheelchair size underpads	A4554 Disposable underpads, all sizes	$.56	N
6779S	Reusable bed pads	A4537 Underpad, reusable/washable	$13.84	N
0908E	Positioning belt for shower/commode	E0700 Safety equipment	Manual	Y
0924E	Heavy duty bath chair for client > 250 lbs	E1399 Misc. DME	Manual	Y
4712A	Sodium chl/water 5 cc for inhalation therapy	J7051 Sterile saline or water, 5 cc	$.99	N
0357E	Saline water, 3 cc	J7051 Sterile saline or water, 5 cc	$.99	N
5300S	Dextrose, 5%, with ringer's lactate	S5011 Dextrose 5%, with ringer's lactate	$13.64	N

Deleted Codes (Effective 05/01/2003)

0153E Grab bar, L-shape
0157E Toilet seat with mounting brackets
0343E Grab bar 12 in., wall mount
0349E Sharps container
0359E Medication daily dose organizer
0639E EPSDT misc. medical supplies
0356E 100 cc saline water (consider A4323, 1000 ml sterile saline irrigation solution)
0358E 240 cc saline water (consider A4323, 1000 ml sterile saline irrigation solution or J7050, 250 cc NS solution for infusion)

Medical Necessity Documentation Format
Medical necessity documentation can be in the form of a physician's progress notes or a therapist's progress notes/evaluations, if they include the information requested. A separate letter from the physician is not required, unless the progress notes do not include the documentation required for the equipment and/or supplies being requested.

Lifetime of DME
Per DMERC guidelines, the lifetime of DME is for a period of five (5) years. Replacement of DME prior to the five-year limit often requires medical necessity and prior authorization. In accordance with *Rules Governing the Medical Assistance Program* IDAPA 16.03.09.106, Idaho Medicaid will pay for the least costly means of meeting the medical need. Therefore, equipment will be repaired, rather then replaced,

unless it is more costly to repair. Documentation of the MSRP or quote from the manufacturer for the cost for the repair is required when requesting prior authorization.

Upgrades for DME
Upgrades for DME purchase for Medicaid clients are not allowed, although Medicare DMERC now allows upgrades to equipment. Per the Medicaid provider agreement, Medicaid reimbursement for an item/service is considered payment in full. If the client wishes to purchase a separate option (i.e. Backpack for a wheelchair) this would not be considered an upgrade. Please note, the provider may not dispense a more expensive wheelchair than what is authorized by the Department and charge the difference in payment to the client. The equipment authorized by the Department must be what is dispensed.

Rolling Month Billing Cycle
As requested by DME providers, the Department has removed the "rolling month" indicator for supplies. For example, April 5, 2003 through May 5, 2003. The limitation has been changed to a calendar month. If supplies were denied for reimbursement as a result of the rolling month audit, providers may rebill Medicaid for those services. Please be aware that the one-year billing limitation does apply.

Contact Information
If inquiring upon the status of a prior authorization request, please call the Medicaid DME Prior Authorization Unit toll-free at (866) 205-7403. For questions regarding billing or reimbursement issues, please contact EDS toll-free at (800) 685-3757 to speak with a Provider Relations Consultant.

When the Department approves or denies a prior authorization request, a Notice of Decision letter is sent to the provider and the client. Please be aware of any comments and the status of the Notice of Decision letter as they provide valuable information regarding renewals or reasons for denials that are important for the next prior authorization request.

If you have questions regarding the information in this notice, please contact the Medicaid DME Prior Authorization Unit toll-free at (866) 205-7403. Thank you for your continued participation in the Idaho Medicaid Program.

PS/dp/co

April 1, 2003

Medicaid Information Release MA03-21

To: **All Medicaid Providers**

From: **Kathleen Allyn, Deputy Administrator, Division of Medicaid**

Subject: **HIPAA Privacy**

The new Federal Regulations called HIPAA (Health Insurance Portability and Accountability Act) Privacy become effective April 14, 2003. These regulations identify any health care provider who electronically transmits health information as a "covered entity." The Idaho Department of Health and Welfare is also a "covered entity" since Medicaid is a health care plan.

Please note that business associate agreements are **not** required between covered entities. HIPAA Privacy allows the flow of identifying health information between covered entities for the purpose of providing treatment, payment and normal business processes with some qualifications. Those qualifications include sharing the "minimum necessary" to staff who "need to know." In other words, staff should access and share information only to the extent necessary to do their jobs. (IDAPA 16.05.01).

KA/dy

May 1, 2003

Medicaid Information Release MA03-24

To: Nursing Facility Providers

From: Paul Swatsenbarg, Deputy Administrator

Subject: Nursing Home Special Rates for Durable Medical Equipment (DME)

Currently, Idaho Medicaid rents certain DME that is considered outside of the nursing facility Content of Care. Medicaid will now determine if the DME will be a rental or purchased item. Some equipment to be considered for purchase may include, but are not limited to, specialized hospital beds, specialized pressure relieving mattresses or overlays, and highly specialized wheelchairs.

The Special Rate prior authorization process is as follows:

- A request for specialized DME is submitted to the Regional Medicaid Services Unit, Nurse Reviewer, for consideration.
- The Nurse Reviewer will determine if:
    - medical necessity criteria is met
    - the DME is outside of the Content of Care using DMERC coverage guidelines
- If the DME meets the requirements, the Nurse Reviewer will forward the authorization to the Department. The Department will ensure that the make/model of DME being requested is the least costly means of meeting the client's medical need. Based upon their research, the Department may authorize a different make/model of DME other than what is being requested.

Attached are the DMERC medical necessity criteria for Pressure Reducing Support Surfaces, Group 1-3, that is utilized by the Department to determine coverage. Per the criteria, certain mattress overlays, specialized mattresses, and airbeds should be time-limited. These items will not be considered for purchase unless the client continues to meet the medical necessity criteria after the first three months. The DMERC Supplier Manual can be viewed at www.cignamedicare.com . Choose the following options: Durable Medical Equipment; DMERC Supplier Manual; Chapter Nine (9), Regional Medical Review Policy.

To determine which group the requested support surface aligns with, refer to the product classification list found on the SADMERC website at www.palmettogba.com. To access the list, choose the options in the following order: Other Partners; SADMERC Product Classification List (twice); Pressure Reducing Support Surfaces. Group 1 and Group 2 products are listed in alphabetical order with the appropriately assigned HCPCS for that item. After determining into which group the product belongs, please use the appropriate DMERC coverage criteria.

If the client expires while living in the facility, the equipment for that client, which is previously purchased DME, may be utilized for another Medicaid client. The client must meet the medical necessity criteria for that specific DME.

If you have questions regarding durable medical equipment, please contact Dorrie Phillips (208) 364-1830 or toll-free (866) 205-7403. For questions regarding the Special Rates rent/purchase process, please contact Sheila Pugatch (208) 364-1817. Thank you for your continued participation in the Idaho Medicaid Program.

EDS
P.O. Box 23
Boise Idaho 83707

PRSRT STD
U.S. POSTAGE PAID
BOISE, ID
PERMIT NO. 220

Attention: Business Office

Check your mail!

In April providers received a CD that contains both the updated *Idaho Medicaid Provider Handbook* and the new Provider Electronic Solutions (PES) software.

Providers using this new CD format of the handbook will be able to copy the handbook files to their desktop computer(s) for use, print paper copies of all the materials they want, and complete forms online to be printed and mailed.

Providers using the new PES software will be able to check eligibility and service limitations online. Pharmacy providers will also be able to submit claims. By October 2003, PES will replace the current *EDS* billing software, ECMS-PC, for all providers.

Providers who are unable to use the CD may request a paper copy of the provider handbook for their provider specialty.

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:
Becca Ruhl,
Division of Medicaid

Cynthia Brandt,
Publications Coordinator,
EDS

If you have any comments or suggestions, please send them to:

ruhlb@idhw.state.id.us

or

Becca Ruhl
DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036

Fax: (208) 364-1911

MedicAide
An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid June 2003

In this issue:

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

Idaho Medicaid and Diabetes

Diabetes Disease Management

The new look of Medicaid includes diabetes disease management measures with a focus on quality outcomes and cost effectiveness. It is estimated that Idaho may be spending almost 70 million dollars annually on diabetes care, based on the number of Medicaid clients with diabetes (5,258) multiplied by $13,243 per capita medical expenditure per person with diabetes for the year 2002 (Source: Economic Costs of Diabetes in the U. S. in 2002, American Diabetes Association. Diabetes Care 26:917-932, 2003).

Currently, Idaho Medicaid provides case management services for medically complex and/or high cost clients who have diabetes and who have been referred to the Care Management Bureau.

In addition, Idaho Medicaid supports providers who are managing diabetes care by providing diabetes education patient materials. In cooperation with the Diabetes Alliance of Idaho, the "Take Charge of Your Diabetes" patient booklets are being distributed to providers for use in their patient education efforts. Also, Medicaid is collaborating to develop and distribute smoking/diabetes patient education materials.

In order to address the problem of inappropriate use of insulin pumps among Medicaid clients, Idaho Medicaid is currently revising prior authorization criteria for insulin pump use.

Contact: Linda Schrock (208) 364-1818

Diabetes Counseling/Education Training

Idaho Medicaid covers diabetes education and training services when provided in a hospital outpatient setting or a physician's office. Only a Certified Diabetes Educator (CDE) may provide the education and training services using a formal diabetes management program recognized as meeting the program standards of the American Diabetes Association. The patient must meet the medical necessity criteria in IDAPA rule at 16.03.09.128.

A One Time Provider Review is Initially Required in order to Provide Diabetes Counseling/Education Training:

Physicians or hospitals must request to provide this service prior to service provision. Send or fax the following information to Cindy Taylor at P.O. Box 83720; Boise, Idaho 83720; fax number (208) 364-1911. Please include:

- Your current Idaho Medicaid provider number used to bill the service
- Whether you will be providing individual and/or group counseling/education
- A current copy of the diabetic educator's certificate

Continued on page 2

Idaho Medicaid and Diabetes

Continued from page 1

Billing for Diabetes Counseling/Education Training:

1. *Physicians' Offices:* A physician's office setting must bill using procedure code G0108 for **individual** counseling/education. The CDE's services are to augment and not be substituted for the services a physician is expected to provide. Medicaid allows 12 individual hours per client every five (5) calendar years payable at $53.77 per hour (one unit equals thirty (30) minutes). Procedure code G0109 is to be used for **group** training. Medicaid allows twenty-four (24) hours of group sessions every five (5) calendar years payable at $10.25 per hour (one unit equals thirty (30) minutes). Prior authorization is not required to provide services to individuals.
2. *Outpatient Hospital Settings:* When the service is provided in an outpatient hospital setting, the procedure codes identified in the prior paragraph must be billed in conjunction with revenue code 942. Prior authorization is not required to provide services to individuals.

Rules governing the Medical Assistance Program are in Idaho Administrative Code, IDAPA 16.03.09, accessible on the web at www.idahohealth.org and www.accessidaho.org.

Contact: Jan Uren (208) 364-1854

EPSDT Additional Diabetes Counseling/Education Training Hours for Children:
If additional diabetes counseling/education training hours are medically necessary for clients under the age of 21, a prior authorization request may be submitted to the EPSDT Program, Dee Patterson, at P.O. Box 83720; Boise, Idaho 83720; fax number (208) 364-1864. Please include:

- Client name and Medicaid ID #
- Statement of medical necessity by physician
- Number of additional units requested
- Doctor's signature

Contact for EPSDT: Dee Patterson (208) 364-1842

Medications for Diabetes
Antidiabetic medications are a Medicaid benefit and do not require prior authorization.

Current Medicaid Pharmacy activities surrounding diabetes care include:

1. Education to Medicaid prescribers who have been identified as having one or more diabetic patients who are not receiving an ACE (angiotensin converting enzyme) inhibitor drug or an ARB (angiotensin receptor blocker) drug. Both drugs have protective cardiovascular effects in people with diabetes.
2. Education letters to Medicaid prescribers or pharmacies when a potential drug therapy problem is identified for a Medicaid client. These identified problems include: patients with potential drug-drug interactions; patients at increased risk of adverse drug events; and patients on duplicate antidiabetic medications in the same drug class.

Contact: Tami Eide 208-364-1821

Continued on page 3

DHW Phone Numbers Addresses Web Sites

DHW Websites:
www.idahohealth.org
www2.state.id.us/dhw
www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

DHW Customer Service
(800) 378-3385
(208) 334-5795

Idaho Careline
211 (not available in all areas)
(800) 926-2588

Provider Fraud and Utilization Review
P. O. Box 83720
Boise, ID 83720-0036
(866) 635-7515 (toll free)
(208) 334-0675
Email:
~medicaidfraud&sur@idhw.state.id.us
(note: begins with ~)
Internet:
www2.state.id.us/dhw/Medicaid/providers/fraud.htm

Healthy Connections
Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766

Region II - Lewiston
(208) 799-5088
(800) 799-5088

Region III - Caldwell
(208) 455-7280
(800) 494-4133

Region IV - Boise
(208) 334-4676
(800) 354-2574

Region V - Twin Falls
(208) 736-4793
(800) 897-4929

Region VI - Pocatello
(208) 239-6260
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945

Spanish Speaking
(800) 862-2147

Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5795
(800) 378-3385

Prior Authorization Phone Numbers Addresses Web Sites

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

EMS Review Unit
(800) 362-7648
(208) 334-2484
Fax
(800) 359-2236
(208) 334-5242

PCG
P.O. Box 2894
Boise, ID 83701
(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

Pharmacy
P.O. Box 83720
Boise, ID 83720-0036
(877) 200-5441 (toll free)
(208) 364-1829
Fax (208) 364-1864
Web: www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

Qualis Health (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax (800) 826-3836 or
(206) 368-2765

Qualis Health Website
www.qualishealth.org/idahomedicaid.htm

Transportation Prior Authorization Unit
(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

Idaho Medicaid and Diabetes

Continued from page 2

Durable Medical Equipment (DME) for Diabetes Care

DME program guidelines allow for most diabetes supplies **without** prior authorization. The physician writes a prescription, which must include the medical necessity, specific supplies ordered, the quantities/frequency of use, and the length of need. The following diabetes supplies do not require prior authorization:

- Alcohol swabs
- Batteries for blood glucose monitor
- Blood glucose monitor
- Blood glucose test strips
- Lancets
- Lancet device, spring powered
- Shoe inserts
- Syringes
- Urine glucose/ketone test strips

The following **require** prior authorization:

- Insulin pump
- Insulin pump supplies

The insulin pump equipment provider may submit a completed prior authorization request form (available from DME) to the DME program at fax number (800) 352-6044. Please include:

1. A physician's prescription which includes medical necessity, equipment and supplies required, and the length of need
2. Documentation from the past 6 months of the patient's blood glucose readings, insulin dose adjustments, carbohydrate counts, HbA1c levels, and physician progress notes
3. C-Peptide level

Contact: DME Specialist (866) 205-7403 (toll free) or (208) 364-1914

Submitted by DHW

PES (Provider Electronic Solutions) Assistance

By now you should have received a CD containing the new Provider Electronic Solutions (PES) software. PES replaces the current Idaho Medicaid/EDS software ECMS-PC. You can use PES to verify eligibility and service limitations. PES can also be used to submit HIPAA-formatted professional, dental, institutional and retail pharmacy claims.

We encourage you to use the PES handbook that is included on the CD with the software. The handbook provides step-by-step instructions for using PES. PES also includes built-in help files. You can access "Help' from the main menu. "Help' can also be accessed from many fields by placing your cursor in the field and pressing "F1" or selecting the command button titled "Help". If you cannot find the answer you need in the PES handbook or in the "Help" files, phone MAVIS at (800) 685-3757 or (208) 383-4310 local Boise area. Say the word "AGENT" and your call will be routed to a Provider Service Representative for assistance.

Submitted by DHW HIPAA Project

Updated Provider Handbook

The Idaho Medicaid Provider Handbook was updated in April 2003. The handbook is accessible from the sources listed below. Please note that the most current handbook is always available on the Division of Medicaid website.

- Idaho Division of Medicaid website link: http://www2.state.id.us/dhw/medicaid/provhb/index.htm
- CD mailed to providers in April that includes the *Idaho Medicaid Provider Handbook*, PES handbook, PES software, *What is Medicaid?*, and Acrobat Reader®

Submitted by DHW HIPAA Project

Updated HIPAA Website for Providers and Vendors
http://www2.state.id.us/dhw/hipaa/index.htm

The HIPAA Website has been updated with information about events that will impact you directly, beginning in May of 2003. Idaho Medicaid is implementing changes to comply with HIPAA legislation that affects processes you use for checking eligibility and submitting claims.

Web technology provides an efficient means for keeping you updated with timely information. In addition to adding new information, we've restructured the information, making it easier for you to find items that relate to you specifically. The site will be updated on a routine basis with changing or new information. Please visit the site and forward any comments and suggestions to our email address: HIPAAComm@idhw.state.id.us.

Providers…Answers to Your Frequently Asked Questions About HIPAA!
The Department's HIPAA Website contains a Frequently Asked Question (FAQ) section you will want to visit routinely because the FAQs will be updated frequently. If you do not have internet access, you may request a printed copy of the FAQs by calling MAVIS at (800) 685-3757 or (208) 383-4310 in the local Boise area. Say the word "AGENT" to speak to a Provider Service Representative and request the HIPAA FAQs.
Current FAQs relate to:

- HIPAA Transaction and Code Set compliance.
- Pharmacy: new HIPAA electronic pharmacy transaction.
- Pharmacy: changes related to collecting other insurance information.
- Provider Electronic Solutions (PES) software, which is the new Idaho Medicaid/EDS software used for verifying eligibility and service limitations, and for submitting HIPAA-formatted professional, dental, institutional and retail pharmacy claims.

For example, PES questions relate to loading the software, password and submitter ID, verifying eligibility, submitting claims, entering and using lists, and taxonomy codes, to name a few. The PES Handbook is on the CD you received that contains the software application and is your primary source for detailed information about using PES.

Make the HIPAA Website a favorite in your Website links: http://www2.state.id.us/dhw/hipaa/index.htm

The Department's HIPAA Website is sponsored by Idaho Medicaid and the HIPAA Project Team.

Submitted by DHW HIPAA Project

Use New Provider Enrollment Applications

Providers are reminded that they should use current provider enrollment applications when enrolling new members of a group practice. The applications were recently revised. The easiest way to determine if you are using a new application is to look at the W-9 form. If it has only two pages, you have an old application. Please discard any old applications. To request a new application, call MAVIS and say *AGENT* immediately after the MAVIS greeting.

Provider Enrollment Fax Number
When faxing documentation (including license and certification) to EDS Provider Enrollment, please use their dedicated fax number:

(208) 395-2198

Submitted by EDS

EDS Phone Numbers Addresses

MAVIS
(800) 685-3757
(208) 383-4310

EDS Correspondence
PO Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
PO Box 23
Boise, ID 83707
PCS & ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Provider Fax
(208) 395-2198

Client Assistance Line
Toll free: (888) 239-8463

H I P A A

DHW HIPAA Project

Mail:
DHW HIPAA Project
DHW
PO Box 83720
Boise, ID 83720-0036

Email:
HIPAAComm@idhw.state.id.us

Fax:
DHW HIPAA Project
(208) 334-0645

Internet:
www.idahohealth.org
(select H&W HIPAA quicklink)
or
www2.state.id.us/dhw/hipaa/index.htm

Software Testing:
(866) 301-7751

EDS Phone Numbers Addresses

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., # 102
Coeur d'Alene, ID 83814

prudie.teal@eds.com
(208) 666-6859
(866) 899-2512 (toll free)
Fax (208) 666-6856

Region 2
JoAnn Woodland
1118 F Street
P.O. Drawer B
Lewiston, ID 83501

joann.woodland@eds.com
(208) 799-4350
Fax (208) 799-5167

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605

mary.jeffries@eds.com
(208) 455-7162
Fax (208) 454-7625

Region 4
Jane Hoover
1720 Westgate Drive, # A
Boise, ID 83704

jane.hoover@eds.com
(208) 334-0842
Fax (208) 334-0953

Region 5
Penny Schell
2241 Overland Avenue
Burley ID 83318

penny.schell@eds.com
Burley: Tuesday & Friday
(208) 677-4002

Twin Falls: Mon, Wed, Thurs
(208) 736-2143
Fax (208) 678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201

sheila.lux@eds.com
1-208-239-6268
Fax 1-208-239-6269

Region 7
Bobbi Woodhouse
150 Shoup Avenue
Idaho Falls, ID 83402

bobbi.woodhouse@eds.com
(208) 528-5728
Fax (208) 528-5756

Prescription Splitting

Some pharmacies have a practice of "prescription splitting" that is becoming more of a problem. In an attempt to help control the rising cost of prescriptions, the Medicaid Pharmacy Unit is addressing maximum monthly quantity limits.

You may have noticed recently that some prescriptions for quantities over the maximum monthly quantities that previously were paid are being rejected. To get around this, pharmacies are splitting the prescribed 30 day supply and dispensing a 15 day supply every 15 days. This is "Prescription Splitting" and is considered fraudulent because the pharmacy receives duplicative dispensing fees.

For example, omeprazole 20 mg is indicated for once daily (except *H. pylori*). When a pharmacy receives a prescription for twice daily omeprazole and receives a reject message for 60 capsules for 30 days then dispenses 30 capsules every 15 days, that pharmacy is committing fraud. The proper action is to initiate a quantity override and bill on paper if and when the request is approved.

The Provider Handbook 3.6.6.1 states, *"The pharmacist must justify multiple dispensing of maintenance medications and "prescription splitting" and document the reason on the paper copy of the prescription. This must be a sound medical reason and not just for the convenience of the client, facility, or pharmacy. Medicaid determines the validity of such rationale."* This rule assures the State pays only one dispensing fee per month for maintenance medications and increases patient convenience. Prescribers request the higher dose with documentation supporting the use on a "Quantity Override" form available on our Website (www.idahohealth.org) or from the pharmacy program. If approved, the pharmacy must bill on paper for proper reimbursement.

Multiple dispensing (prescription splitting) is allowed "if the quantity needed for a 30-day supply is excessively large or unduly expensive, in the judgment of Medicaid." If the pharmacy feels multiple dispensing is justified, appropriate documentation is the best way to avoid recoupment from auditors. If in doubt, contact the pharmacy department (208-364-1829) for clarification.

Submitted by DHW

Dental Providers: Correction and additional information regarding the Adult Emergency Dental Program

The list of codes for the Adult Emergency Dental Program should also include CDT-4 **D2150** *Amalgam, two surfaces, primary or permanent.*

Information Release 2003-22 describes the current policy for the Medicaid Dental Program. Information Release MA02-33 is no longer in effect. Claims for adult emergency **and adult high risk** services can be submitted without additional documentation attached to the claim form. Only those codes listed in Information Release 2003-22 for adult emergency services or services for high-risk adults are a covered benefit of the Adult Dental Program.

Submitted by DHW

New MAVIS Feature for EDI Questions

Providers can now go directly to the EDI Technical Support helpdesk with their questions. The helpdesk can answer questions about transmission errors, batch inquiries, software issues, troubleshooting, and vendor testing. Call MAVIS and say *TECHNICAL SUPPORT* immediately after the MAVIS greeting.

Submitted by EDS

Using the Idaho Medicaid CD

There are several resources available on the Idaho Medicaid CD providers recently received. It contains:

- Provider Electronic Solutions (PES), the new eligibility and billing software
- *Idaho PES Handbook*, a user manual with complete instructions on how to install and use PES
- *Idaho Medicaid Provider Handbook*, including instructions for all Idaho Medicaid provider types
- *What is Medicaid?*, the client handbook in both English and Spanish
- *Qualis Health Provider Handbook*, a handbook for Qualis Health prior authorizations
- Acrobat Reader®, used to open the handbooks

The user may print any of the handbooks or copy them onto a desktop computer or LAN. To print or copy the handbooks, follow these instructions:

Step 1 Place the CD in your computer CD-ROM drive. A window will open and display the CD contents. Select CLOSE.

Step 2 Open Windows Explorer.

Step 3 Double-click to select your CD-ROM drive (usually the D drive). This will open a list of all the folders on the CD.

Step 4 Double-click to select the folder you want. This will open a list of all the files in that folder.

Step 5 Right-click and select the file you want to print or copy. Left-click to select PRINT or COPY from the dropdown menu.

Step 6 If you are making a copy on your hard drive, select the folder on your hard drive where you want to save the file. Left-click and select PASTE.

To build a copy of *the Idaho Medicaid Provider Handbook* select from the following files in the folder called Provider_Handbook:

1a_cover.pdf	Cover page and letter from the interim administrator
1a_directory.pdf	Directory of phone numbers and addresses, and cover pages for newsletters, information releases, and fee schedules
s1_gen_info.pdf	Section 1 contains general provider and client information for all providers
s2_gen_billing.pdf	Section 2 contains general billing information for all providers
s3_provider_type.pdf	There is a Section 3 file for each provider type including a Healthy Connections supplement. These files contain specific billing information for each provider type. Select the file for your provider type.
s4_ra_****.pdf	There is a Section 4 file for specific information on each type of remittance advice. prof = professional; inst = inst; and phar = pharmacy. Select the file for your remittance type.
s5_glossary.pdf	Section 5 is a glossary of terms used in the handbook.

There are two appendices:

s6a_forms.pdf	The forms appendix includes forms that can be copied for use as needed and a list of forms that can be ordered from EDS.
s6a_mavis.pdf	The MAVIS appendix includes complete instructions for MAVIS, the Medicaid Automated Voice Information Service.

Please Note: The *Qualis Health Provider Handbook* and a second copy of *What Is Medicaid?* in Spanish and English are also in the Provider_Handbook folder. These files are named:

qualis.pdf	*Qualis Health Provider Handbook*
DHW_what_is_medicaid.pdf	*What Is Medicaid?* (English)
what_is_medicaid_spanish.pdf	*What Is Medicaid?* (Spanish)

Submitted by EDS

Information Releases Table of Contents

Information Releases on Web

To obtain a copy of any current information release, please check the DHW website at **www2.state.id.us/dhw** and select **Medicaid**. If you do not have access to the Internet or do not see the specific release listed and would like a copy, please call (208) 334-5795.

April 7, 2003

MEDICAID INFORMATION RELEASE #2003-08

TO: INDIAN HEALTH CLINICS

FROM: Paul Swatsenbarg, Deputy Administrator, Division of Medicaid

SUBJECT: ENCOUNTER CODES

Due to the requirements of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), transactions and code sets must be consistent nationally. Idaho has been using unique codes to report, reimburse for and describe services that are not found in any national coding systems. Therefore, Idaho Medicaid has to conform to the requirements of HIPAA and use nationally accepted codes.

Effective for dates of service on or after 6/1/03, procedure code 5999I, Health Encounter, will be obsolete. It will be replaced by the following Healthcare Common Procedure Coding System (HCPCS) codes:

- T1015 Clinic Visit/Encounter, all inclusive
- D2999 Dental Visit/Encounter

The reimbursement amount for the above encounters will not change. If you have any questions please contact Sheila Pugatch at (208) 364-1817.

PS/rc/ea

April 1, 2003

MEDICAID INFORMATION RELEASE 2003-17

TO: AMBULANCE SERVICE PROVIDERS - EMERGENCY AND NON-EMERGENCY

FROM: Paul Swatsenbarg, Deputy Administrator, Division of Medicaid

SUBJECT: NON-HOSPITAL BASED GROUND AMBULANCE REIMBURSEMENT METHODOLOGY

Idaho Medicaid is changing the current ground ambulance reimbursement methodology and rates to align more closely with Medicare's bundled reimbursement rates for **non-hospital based** ground ambulance services.

The following changes to ground ambulance reimbursement are effective for dates-of-service on or after **April 1, 2003**.

- Supplies and medications will be included within the bundled rates and will no longer be covered as separately billable services/items.
- New codes recognize three levels of life support: Basic and two levels of Advanced Life Support (BLS, ALS I and ALS II). These levels are further categorized into non-emergency and emergency levels of services.
- Although Medicare reimburses ground mileage at three different levels (urban, rural, and mileage 18 through 50), Idaho Medicaid will reimburse mileage at a flat rate of $4.24 per loaded mile.

HCPCS	Description	Reimburse-ment
A0420	Ambulance Waiting time (ALS or BLS), one-half hour increments	$4.42
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); requires medical review	$145.21
A0425	Ground mileage, per statute mile	$4.24
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1)	$102.50
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1-emergency)	$162.30
A0428	Ambulance service, basic life support, non-emergency transport (BLS)	$85.42
A0429	Ambulance service, basic life support, emergency transport (BLS-emergency)	$136.67
A0433	Advanced life support, level 2 (ALS 2) Treat and Release (Ambulance response and treatment, no transport)	$234.91
T2006	Requires Prior Authorization and documentation of services provided. Reimbursement will be based on type and complexity of services provided. • Respond and Evaluate, no other services (all levels) • Response and Treatment, BLS • Response and Treatment, ALS	 $85.42 $136.67 $162.30

For prior authorization of non-emergency transports and retrospective review of emergency ambulance services, please contact the EMS Bureau, Review Unit at

(208) 334-2484 or toll-free (800) 362-7648. If you have questions regarding the information in this notice, please contact Colleen Osborn (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

March 14, 2003

MEDICAID INFORMATION RELEASE 2003-18

TO: ALL NURSING HOME and ICF/MR ADMINISTRATORS

FROM: Paul Swatsenbarg, Deputy Administrator, Division of Medicaid

SUBJECT: INFORMATION REQUEST RELATED TO PCS WAGE DETERMINATION

Each year, the Department gathers information from all Nursing Facilities (including hospital-based facilities) and Intermediate Care Facilities for the Mentally Retarded in order to determine wage data for select employees within the nursing home industry.***** At this time, the Department is requiring that facilities respond according to the attached instructions and complete the attached certification. A survey form is also being provided to assist you in the completion of this request.

If your facility was certified for participation in the Medicaid program before March 15, 2003, you must respond by April 18, 2003. Otherwise, you are not required to participate this year. Please return the requested information as soon as possible to:

Myers and Stauffer LC

8555 West Hackamore Drive, Suite 100

Boise, ID 83709

If you have questions, please feel free to contact Sheila Pugatch at (208) 364-1817 or Myers and Stauffer at (800) 336-7721. Thank you for your participation in Idaho Medicaid.

LC/vcc/ss

Attachments
(attachments available on the DHW Website: www2.state.id.us/dhw/medicaid/inf/2003/03med18.htm)

***** Per Idaho Code, Section 39-5606, and IDAPA 16.03.10.202.03

March 15, 2003

MEDICAID INFORMATION RELEASE 2003-19

TO: HOSPITAL ADMINISTRATORS

FROM: Paul Swatsenbarg, Deputy Administrator, Division Of Medicaid

SUBJECT: NOTICE OF 2003 MEDICAID RATES FOR SWING-BED DAYS AND ADMINISTRATIVELY NECESSARY DAYS (AND)

Effective for dates-of-service **on or after January 1, 2003**, Medicaid will pay the following rates:

Swing-Bed Day	$165.86
Administratively Necessary Day (AND)	$136.60

If you have already billed for swing-beds days since 01/01/03, please submit corrected claim adjustments to EDS in order to receive reimbursement with the new rate listed above.

If you have any questions concerning the information contained in this release, please contact Sheila Pugatch, Senior Financial Specialist for the Bureau of Medicaid Benefits and Reimbursement Policy, at (208) 364-1817.

Thank you for your continued participation in the Idaho Medicaid Program.

PS/sp/co

April 29, 2003

MEDICAID INFORMATION RELEASE 2003-22

TO: DENTAL PROVIDERS

FROM: Paul Swatsenbarg, Deputy Administrator

SUBJECT: CHILDREN'S DENTAL PROGRAM
PREGNANT WOMEN AND CHILDREN (PWC) PROGRAM
ADULT EMERGENCY DENTAL PROGRAM
SERVICES FOR HIGH-RISK ADULTS
PRIOR AUTHORIZATION
BILLING CHANGES FOR CODE D0460

The Department is now utilizing the 2003 CDT-4 procedure codes. The codes are effective for dates-of-service on or after January 1, 2003. Any CDT-4 code not listed in this information release or in the handbook is not a covered benefit of the dental program. Attached is the updated Medicaid fee schedule. If you have claims with dates of service on or after January 1, 2003, which were paid at a different reimbursement than the new list indicates, please submit an adjustment request form to EDS for additional payment.

At this time, Medicaid cannot process claims submitted on the 2003 American Dental Association (ADA) claim form because it does not contain all the required fields needed for processing. When submitting paper claims, please use the 1999 (2000) ADA claim form for faster processing. Medicaid will accept claims submitted on ADA dental claim forms older than the ADA 1999 (2000), but please be aware that claims submitted on older ADA claim forms will require a longer period to process.

New CDT-4 procedure codes for oral and maxillofacial surgeries are not covered under Medicaid's dental program. However, the equivalent CPT codes, which were covered prior to January 1, 2003, are still covered when billed on a CMS-1500 claim form as a medical claim.

Providers will receive the updated Dental Guidelines Provider Handbook in April. Please be aware that changes to the Adult Dental Program and the children's orthodontic program were made after the revised dental provider handbook was sent to print. Program updates are sent to providers via information releases and they will supercede information contained in the handbook.

Children's Dental Program

Diagnostic Services								
D0120	D0150	D0170	D0220	D0240	D0272	D0277	D0340	D0470
D0140	D0160	D0210	D0230	D0270	D0274	D0330	D0460	D0999
Preventive Services								
D1110	D1203 (up to age 21)			D1351	D1515	D1525		
D1120	D1204 (age 21 and older)			D1510	D1520	D1550		
Restorative Services								
D2140	D2330	D2390	D2394	D2751	D2792	D2932	D2954	
D2150	D2331	D2391	D2710	D2752	D2920	D2940	D2955	
D2160	D2332	D2392	D2721	D2790	D2930	D2950	D2980	
D2161	D2335	D2393	D2750	D2791	D2931	D2951	D2999	
Endodontic Services								
D3110	D3221	D3320	D3346	D3348	D3421	D3426	D3999	
D3220	D3310	D3330	D3347	D3410	D3425	D3430		
Periodontic Services								
D4210	D4320	D4341	D4355	D4999				
D4211	D4321	D4342	D4910					

Prosthodontic Services								
D5110	D5212	D5421	D5620	D5670	D5741	D5850	D6980	
D5120	D5213	D5422	D5630	D5671	D5750	D5851	D6999	
D5130	D5214	D5510	D5640	D5730	D5751	D5899		
D5140	D5410	D5520	D5650	D5731	D5760	0515D		
D5211	D5411	D5610	D5660	D5740	D5761	D6930		
Prosthetic Services								
D5931	D5934	D5951	D5954	D5959	D5988			
D5932	D5935	D5952	D5955	D5960	D5999			
D5933	D5936	D5953	D5958	D5982				
Oral Surgery								
D7111	D7220	D7241	D7280	D7287	D7510	D7970		
D7140	D7230	D7250	D7281	D7320	D7910	D7971		
D7210	D7240	D7270	D7286	D7471	D7960	D7999		
Orthodontic Services **Effective for dates-of-service on or after May 1, 2003, Interceptive Orthodontics, procedure codes D8050 and D8060, are no longer a covered benefit of the Children's Dental Program.**								
D8010	D8030	D8070	D8090	D8220	D8680	D8999		
D8020	D8040	D8080	D8210	D8670	D8691			
Adjunctive General Services								
D9110	D9230	D9310	D9430	D9930	D9952			
D9220	D9241	D9410	D9440	D9940	D9999			
D9221	D9242	D9420	D9920	D9951				

Pregnant Women and Children Dental Program (PWC)

The following are the only codes covered for women on the PWC program. For more information on the PWC program, please refer to your provider handbook, Section One; General Provider and Client Information.

D0140	D0330	D4341	D7111	D7220	D7510	D9420	D9930
D0220	D2940	D4342	D7140	D7230	D9110	D9430	
D0230	D3220	D4355	D7210	D7250	D9310	D9440	

Adult Emergency Dental Program

Idaho Medicaid's adult dental program covers emergency services and services for high-risk clients only. The following dental codes are covered for adults after the month of their twenty-first (21) birthday who are in need of emergency dental treatment or who are considered high-risk adults. Claims for these services can be submitted without additional documentation attached to the claim form. It is required that the patient's record must include documentation indicating an emergency dental situation existed at the time of service or the client, in the professional opinion of the dentist, using the prevailing standards within the dental community, meets the criteria for a high-risk adult.

Denturist services listed in Section 906, Rules Governing the Medical Assistance Program, may be provided by a denturist when the client has a referral and documentation from a dentist stating that a dental emergency exists or the client meets the criteria for a high-risk adult. Medicaid Dental Consultants suggest the following parameters, although not all-inclusive, to help guide providers in determining:

1. when a client is in need of emergency services
2. when a client should be considered "high-risk"

Emergency Services for Adults

Adults (defined for these purposes as persons who are past the month of their twenty-first (21) birthday) without eligibility restrictions are covered by Medicaid for certain emergency services. *

- Emergency services can be interpreted as treatment necessitated by an unforeseen, sudden, or acute onset of symptoms or injuries requiring immediate treatment, where delay in treatment could jeopardize or cause permanent damage to a person's oral or medical health.
- Every patient "complaint" does not meet the above criteria for an emergency service, and therefore would not be covered by Medicaid. For example, chronic conditions without sudden, acute symptoms are not covered. The provider should review the patient's needs with this understanding in mind.

Services for High-Risk Adults

- High-risk adults are those who are in need of dental intervention because infection or advanced treatment represents a significant risk to their physical health.
- High-risk adult patients include persons who would be at considerable risk for rapidly advancing dental disease and significantly increased emergency or acute care if these preventive and minor restorative dental services are withheld.
- High-risk adult patients also include persons with tooth or periodontal conditions who are at high risk for periodontal infection likely to lead to bacteremia or other serious health concerns.
- Examples of conditions which may place a patient at high risk may include, but are not limited to:
    - Pre-and post-organ transplants
    - Prosthetic joints or heart valve
    - Radiation or chemotherapy
    - Indwelling shunts for dialysis or hydrocephaly
    - Advance HIV/AIDS or other immunosuppressive conditions
    - Xerostomia
    - Diabetes
    - Autoimmune disorders such as rheumatoid arthritis or lupus
    - Physically handicapped or developmentally disabled
    - Other medical or mental conditions, such as Severe and Persistent Mental Illness (SPMI), which prevent the person from performing their own oral care and who do not have a caregiver to assist them with oral care.

* See *Rules Governing the Medical Assistance Program*, Section 915, which can be found at: http://www2.state.id.us/adm/adminrules/rules/adapa16/0309.pdf

D0120	D0277	D2332	D2940	D5130	D5520	D5730	D7140	D7510	D9242
D0140	D0330	D2335	D3220	D5140	D5610	D5731	D7210	D7910	D9310
D0150	D1110	D2390	D3221	D5211	D5620	D5740	D7220	D7970	D9410
D0210	D1204	D2391	D4341	D5212	D5630	D5741	D7230	D7971	D9420
D0220	D2140	D2392	D4342	D5410	D5640	D5750	D7240	D9110	D9440
D0230	D2160	D2393	D4355	D5411	D5650	D5751	D7241	D9220	D9930
D0270	D2161	D2394	D4910	D5421	D5660	D5760	D7250	D9221	
D0272	D2330	D2920	D5110	D5422	D5670	D5761	D7286	D9230	
D0274	D2331	D2931	D5120	D5510	D5671	D7111	D7287	D9241	

Prior Authorization

All procedures that require prior authorization must be approved prior to the service being rendered. Prior Authorization requires written submission including diagnostics. Retroactive authorization will be given only in an emergency situation or as the result of retroactive eligibility. Prior authorization of Medicaid dental procedures does not guarantee payment. The client's Medicaid eligibility must be verified by the provider before the authorized service is rendered. Please send all prior authorization requests to the following address: Idaho Medicaid, Attn: Medicaid Dental Consultants, P.O. Box 83720, Boise ID, 83720-0036. If you have questions regarding prior authorizations, please contact Bonnie (208) 364-1839.

Billing Changes for D0460

D0460 *Pulp vitality test, includes multiple teeth and contralateral comparison(s), as indicated*. When submitting a claim with D0460, providers will no longer be required to report a tooth designation. This procedure will be allowed only once per day, per client.

If you have questions regarding the information in this notice, please contact Colleen Osborn (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

PS/af/co

STATE OF IDAHO MEDICAID DENTAL FEE SCHEDULE
effective January 1, 2003
Covered procedure codes & fees are subject to change.
Consult your Dental Guidelines Manual for limitations.

Procedure Code	Description	2003 Fee Schedule
0515D	Unable to deliver dentures	MP
D0120	Periodic oral evaluation & periodont. screening	$ 17.00
D0140	Limited oral eval.–specific oral health problem	$ 24.00
D0150	Comprehensive oral eval. with recording of tissues	$ 25.00
D0160	Detailed/extensive oral eval	$ 37.00
D0170	Re-evaluation, limited, focused	$ 24.00
D0210	Intraoral-complete series	$ 53.00
D0220	Intraoral-periapical- first	$ 9.00
D0230	Intraoral periapical – each	$ 8.00
D0240	Intraoral occlusal film	$ 10.00
D0270	Bitewing single film	$ 9.00
D0272	Bitewings - two films	$ 16.00
D0274	Bitewings - four films	$ 24.00
D0277	Vertical bitewings – 7 to 8 films	$ 56.00
D0330	Panoramic film	$ 40.00
D0340	Cephalometric film	$ 43.00
D0460	Pulp vitality tests	$ 15.00
D0470	Diagnostic casts	$ 38.00
D0999	Unspecified diag procedure,	MP
D1110	Prophylaxis – adult, includes polishing	$ 40.00
D1120	Prophylaxis – child	$ 28.00
D1203	Topical appl of fluoride child	$ 13.00
D1204	Topical appl of fluoride adult	$ 16.00
D1351	Sealant	$ 20.00
D1510	Fixed - unilateral - space maint.	$ 104.00
D1515	Fixed - bilateral - space maint.	$ 132.00
D1520	Removable unilateral space maint.	$ 77.00
D1525	Removable bilateral space maint.	$ 142.00
D1550	Recementation of space maint.	$ 20.00
D2140	Amalgam - one surface primary permanent	$ 35.00 $ 42.00
D2150	Amalgam - two surfaces primary permanent	$ 46.00 $ 55.00
D2160	Amalgam - three surfaces primary permanent	$ 54.00 $ 65.00
D2161	Amalgam four + surfaces primary permanent	$ 60.00 $ 77.00
D2330	Resin – one surface anterior	$ 50.00
D2331	Resin – two surface anterior	$ 65.00
D2332	Resin - three surface anterior	$ 79.00

D2335	Resin - four + surfaces anterior	$ 92.00
D2390	Resin based comp crown, anterior, permanent only	$ 95.00
D2391	Resin-based comp - 1 surface, posterior – primary (not preventative) permanent	$ 39.00 $ 53.00
D2392	Resin based composite – 2 surf., posterior – primary permanent	$ 54.00 $ 68.00
D2393	Resin based composite – 3 surf., posterior - primary permanent	$ 66.00 $ 87.00
D2394	Resin based composite – 4/more surf., posterior.-primary permanent	$ 87.00 $ 87.00
D2710	Crown, reinforced resin based, indirect	$ 235.00
D2721	Crown, resin base metal	$ 150.00
D2750	Crown, porcelain, high noble	$ 318.00
D2751	Crown, porcelain base metal	$ 318.00
D2752	Crown, porcelain, noble metal	$ 318.00
D2790	Crown, full cast, high noble	$ 300.00
D2791	Crown, full cast base metal	$ 300.00
D2792	Crown, full cast, noble metal	$ 300.00
D2920	Recement crowns	$ 31.00
D2930	Prefab stainless steel primary	$ 85.00
D2931	Prefab stainless steel permanent	$ 90.00
D2932	Prefab resin	$ 95.00
D2940	Sedative filling	$ 30.00
D2950	Core buildup – up to 2 pins, not used when procedure involves only filler	$ 71.00
D2951	Pin retention	$ 17.00
D2954	Prefabricated post and core	$ 80.00
D2955	Post removal	$ 70.00
D2980	Crown repair	$ 60.00
D2999	Unspecified restorative proc	MP
D3110	Pulp cap – direct	$ 20.00
D3220	Therapeutic pulpotomy	$ 50.00
D3221	Pulpal debrid., not 1st stage of root canal or same day as endo	$ 50.00
D3310	Root canal – anterior	$ 210.00
D3320	Root canal – bicuspid	$ 270.00
D3330	Root canal – molar	$ 315.00
D3346	Re-treat root canal - anterior	$ 210.00
D3347	Re-treat root canal – bicuspid	$ 270.00
D3348	Re-treat root canal – molar	$ 315.00
D3410	Apicoectomy /periradicular ant	$ 200.00
D3421	Apicoectomy/periradicular bicusp	$ 200.00
D3425	Apicoectomy/periradicular molar	$ 200.00
D3426	Apicoectomy/periradicular – root	$ 70.00
D3430	Retrograde filling	$ 63.00
D3999	Unspecified endodontic procedure	MP
D4210	Gingivectomy – 4 or more contiguous teeth in quadrant	$ 160.00
D4211	Gingivectomy - 1 to 3 teeth in quadrant	$ 106.00
D4320	Prov splinting intracoronal	$ 103.00

D4321	Prov splinting extracoronal	$ 91.00
D4341	Periodontal scaling/root planing, 4 or more contiguous teeth per quadrant. therapeutic, not prophy	$ 68.00
D4342	Periodontal scaling & root planing, 1-3 teeth	$ 68.00
D4355	Full mouth debridement	$ 60.00
D4910	Period maint procedures	$ 42.00
D4999	Unspecified periodontal proc	MP
D5110	Dentures, complete upper	$ 470.00
D5120	Dentures comp lower	$ 470.00
D5130	Dentures immediate upper	$ 490.00
D5140	Dentures immediate lower	$ 490.00
D5211	Part dent - upper – resin	$ 295.00
D5212	Part dent - lower – resin	$ 295.00
D5213	Part dent - upper - cast metal	$ 500.00
D5214	Part dent - lower - cast metal	$ 500.00
D5410	Denture adj complete upper	$ 20.00
D5411	Denture adj complete lower	$ 25.00
D5421	Part denture adj – upper	$ 26.00
D5422	Part denture adj – lower	$ 24.00
D5510	Repair broken complete denture	$ 56.00
D5520	Replace miss or broken teeth	$ 43.00
D5610	Repair resin base	$ 50.00
D5620	Repair cast framework	$ 82.00
D5630	Repair or replace clasp	$ 64.00
D5640	Replace broken teeth (maximum 5)	$ 42.00
D5650	Add tooth /existing partial	$ 55.00
D5660	Add clasp /existing partial	$ 70.00
D5670	Replace all teeth and acrylic on cast metal framework – maxil. (repair to partial denture)	MP
D5671	Replace all teeth and acrylic on cast metal framework – mandib.(repair to partial denture)	MP
D5730	Reline complete upper – chairside	$ 88.00
D5731	Reline complete lower – chairside	$ 91.00
D5740	Reline upper partial – chairside	$ 101.00
D5741	Reline lower partial – chairside	$ 64.00
D5750	Reline complete upper – lab	$ 128.00
D5751	Reline complete lower – lab	$ 128.00
D5760	Reline upper partial - lab	$ 91.00
D5761	Reline lower partial - lab	$ 105.00
D5850	Tissue conditioning - upper	$ 42.00
D5851	Tissue conditioning – lower	$ 34.00
D5899	Unspec remov prosth proc	MP
D5931	Obturator surgical	MP
D5932	Obturator definitive	$ 510.00
D5933	Obturator mod	MP
D5934	Mandibular resection w/ flange	MP
D5935	Mandibular resection w/o flange	MP

D5936	Obturator interim	MP
D5951	Feeding aid	MP
D5952	Speech aid pediatric	MP
D5953	Speech aid adult	MP
D5954	Palatal augmentation	MP
D5955	Palatal lift	MP
D5958	Palatal lift interim	MP
D5959	Palatal lift mod	MP
D5960	Speech aid mod	MP
D5982	Surgical stent	$ 75.00
D5988	Surgical splint	MP
D5999	Unspecified maxillofacial pr	MP
D6930	Recement fixed partial	$ 42.00
D6980	Fixed partial repair	$ 95.00
D6999	Unspecified fixed prosthodontic	MP
D7111	Coronal remnants – deciduous tooth	$ 43.00
D7140	Extraction, erupted tooth or exposed root; routine removal	$ 43.00
D7210	Surgical removal erupted tooth	$ 74.00
D7220	Removal of impacted tooth	$ 96.00
D7230	Surgical extraction – impact	$ 112.00
D7240	Surgical extraction – impact	$ 145.00
D7241	Surgical extraction - impact	$ 146.00
D7250	Surgical extraction - root	$ 80.00
D7270	Tooth reimplantation	$ 66.00
D7280	Surg exposure of unerupted tooth, for orthodontics only	$ 150.00
D7281	Surg exposure of impacted	$ 80.00
D7286	Biopsy oral tissue, soft, surgical removal of specimen	$ 80.00
D7287	Cytology sample collect.–mild scraping mucosa	$ 80.00
D7320	Alveoloplasty without extract, per quadrant	$ 88.00
D7471	Removal lateral exostosis, max. or mand.	$ 158.00
D7510	Incision and drain, including periodont. origins	$ 43.00
D7910	Suture of small wound	$ 22.00
D7960	Frenulectomy	$ 100.00
D7970	Excision hyperplastic tissue	$ 77.00
D7971	Excision of pericoronal gingiva	$ 40.00
D7999	Unspecified dental surgery	MP
D8010	Limited ortho primary	$ 210.00
D8020	Limited ortho transition	$ 240.00
D8030	Limited ortho adolescent	$ 280.00
D8040	Limited ortho adult dentition	$ 300.00
D8070	Comprehensive ortho transition	$ 850.00
D8080	Comprehensive ortho adolescent	$ 1,000.00
D8090	Comprehensive ortho adult	$ 1,250.00
D8210	Removable appliance therapy	$ 200.00
D8220	Fixed appliance therapy	$ 300.00
D8670	Adjustments monthly	$ 84.00

D8680	Retainers (both)	$ 150.00
D8691	Repair ortho appliance	$ 50.00
D8999	Unspecified ortho	MP
D9110	Emergency palliative treatment	$ 35.00
D9220	Deep sedation/general anes. 1st 30 min.	$ 98.00
D9221	Deep sedation/general anes. each addit. 15 min	$ 38.00
D9230	Analgesia	$ 17.00
D9241	IV conscious sedation/anes. 1st 30 min – provider cert. required	$ 80.00
D9242	IV conscious sedation/anes. ea addit. 15 min	$ 30.00
D9310	Consult. requested by other dentist or physician, prob. specific	$ 30.00
D9410	House/extended care facility call	$ 30.00
D9420	Hospital calls	$ 93.00
D9430	Office visit - observation	$ 18.00
D9440	Office visit after hrs	$ 35.00
D9920	Difficult behavior management	$ 22.00
D9930	Treatment of complication	$ 20.00
D9940	Occlusal guards	$ 145.00
D9951	Occlusal adjustment-limited	$ 20.00
D9952	Occlusal adjustment-complete	$ 140.00
D9999	Unspecified adjunctive procedure	MP

MP refers to manually priced claims. Manually priced claims will be managed through the Division of Medicaid prior to rendering the service. Additionally, all prior-authorization requirements for crowns and orthodontics remain applicable.

April 29, 2003

MEDICAID INFORMATION RELEASE #2003-25 – CORRECTED VERSION

TO: PHARMACY PROVIDERS

FROM: Paul Swatsenbarg, Deputy Administrator, Division of Medicaid

SUBJECT: BILLING PHARMACY CLAIMS WITH OTHER INSURANCE COVERAGE

On April 15, 2003 an incorrect version of Information Release 2003-25 was mailed out. This document replaces the previous document.

Effective May 5, 2003, the Idaho Medicaid program requires that, for clients with other insurance pharmacy coverage, drug claims must be billed to the client's other insurance(s) prior to submission to Idaho Medicaid for payment. If a client has other insurance you will get rejection code 41- "Submit bill to other processor or primary payor" at point of service (POS).

In order to submit an electronic POS claim for a client with other insurance, the following information is required:

- **Coverage code:**
  - 0 Not Specified
  - 1 No other coverage identified
  - 2 Other coverage exists-payment collected (use this value if partial payment was made by other insurance).
  - 3 Other coverage exists-this claim not covered
  - 4 Other coverage exists-payment not collected
  - 5 Managed care plan denial
  - 6 Other coverage denied-not a participating provider
  - 7 Other coverage exists-not in effect at the time of service
  - 8 Claim is a billing for co-pay

- **Carrier Code:** The National Electronic Insurance Clearinghouse (NEIC) code identifying the Other Insurance Carrier. Use a valid code for the client's other carrier. Carrier code is typically listed on a client's insurance card. The carrier codes listed below and in the Provider Electronic Solutions (PES) software is not a comprehensive list. Please contact EDS for additional NEIC numbers that are accepted and used.

  - 10 Utah-Idaho Teamsters Health & Welfare
  - 11 Railroad Employee
  - 12 Blue Shield of Idaho (Regence)
  - 14 Mail Handlers
  - 20 Palmetto Government Benefit Adm.
  - 25 Oregon Life and Health
  - 37 Bankers Life & Casualty
  - 38 Regence Life and Health
  - 39 Blue Cross of Idaho
  - 41 Blue Cross of Washington/Alaska
  - 51 Union Bankers Insurance
  - 53 Deseret Mutual Benefit
  - 58 First Health
  - 59 TPM/Timber Product Management
  - 62 N A L C Health Benefit
  - 63 Lamb-Weston GR Claim
  - 68 Globe Life & Accident
  - 70 I E C/Ameri Ben solutions
  - 74 Administration Service

77	Medical Services Corporation (MSC)
79	Mutual of Omaha
83	Physicians Mutual
102	GEHA
124	First Health
148	Iowa Benefits
158	Blue Cross of California
160	Great West Life
162	Lamb Weston
173	Group Health Northwest
192	Blue Cross Blue Shield of Utah
194	Group Health Northwest
197	Jensen Administrative Services
213	Blue Cross of Idaho
221	Wal-Mart Benefits
228	Cigna
246	Highmark B C B S of Pennsylvania
253	Boise Cascade Insurance
266	Cigna
296	Health Med/Qualmed
302	United Health Care
303	First Health
307	Washington-Idaho Operating Engineer
310	First Health HP Employee
314	Blue Cross of Pennsylvania
337	HMO Blue
347	United Health Care
364	Mega Life & Health
367	United Health Care
380	Aetna/Prudential
433	United Health Care
437	AARP
447	AETNA
485	Mega Life & Health
489	Combined Insurance
504	Educators Mutual
555	AETNA
577	Lincoln National
597	Principal Financial/JR Simplot
615	I H C
639	Retail Clerks Trust
751	CIGNA
752	Heller Associates
813	Principal Financial
821	First Health RX (ALTA RX)
1110	Benesight/Third Party Administrator
MEDA	Medicare Northwest
MEDB	Medicare Cigna
RRA	United Health Care
RRB	United Health Care

- **Coverage Type:**
  - 01 Primary
  - 02 Secondary
  - 03 Tertiary
- **Amount paid by other insurance** (include dollars and cents)
- **Other insurance paid date** (MM/DD/CCYY)
- **Other insurance reject code** (indicating the reason the other insurance denied payment (if applicable). **Do not use a reject code if the other insurance made a partial payment.**

  - 60 Product/service not covered for patient age
  - 61 Product/service not covered for patient gender
  - 65 Patient not covered
  - 67 Filled before coverage effective
  - 68 Filled after coverage expired
  - 69 Filled after coverage terminated
  - 70 Product/service not covered
  - 73 Refills are not covered
  - 76 Plan limitation exceeded
  - 78 Cost exceeds maximum
  - AG Days supply limitations for product/service
  - M1 Patient not covered in this aid category
  - M2 Recipient locked in
  - M4 Prescription/service reference number/time limit exceeded
  - PA PA exhausted/not renewable
  - P5 Coupon expired
  - RN Plan limit exceeded on intended partial bill values

If you have any questions regarding this information, please call EDS at 383-4310 in the Boise area or toll-free 1-800-685-3757.

Thank you for participating in the Medicaid program.

PS/ea

May 1, 2003

Dear Medicaid Client:

Re: New Pharmacy Procedure Starting May 5, 2003

If you have private health insurance and Medicaid, you will have to show your private insurance card **and** your Medicaid card to your pharmacist before your prescription will be filled. This information will help your pharmacist bill your other insurance before he/she bills Medicaid. If you have Medicaid only, you may disregard this notice.

This change is being made because of Federal regulations. If you have any questions, please contact the Medicaid Customer Service line at 334-5795 or toll-free 1-800-378-3385.

Sincerely,

Paul Swatsenbarg
Deputy Administrator

April 1, 2003

MEDICAID INFORMATION RELEASE MA#2003-26

TO: PHARMACY PROVIDERS

FROM: Paul Swatsenbarg, Deputy Administrator

SUBJECT: CLAIM SUBMISSION FOR COMPOUND DRUGS

Effective May 5, 2003, the Idaho Medicaid Program will begin accepting pharmacy claims using NCPDP Version 5.1 format for electronic drug claims. This format supports electronic billing of compound drug claims. In order to submit an electronic point of service pharmacy claim for a compound drug, the following information is required:

- **A compound indicator value of 2** designates the claim as a compound drug claim combining two or more ingredients
- **A submission clarification code equal to 8** indicates if one or more of the ingredients billed is invalid and you want to be paid for the valid ingredients. This allows the claim to post a zero payment to the invalid ingredient(s) and process the rest of the valid ingredients to pay at the applicable allowed amount.
- **A dosage form for the final compound product** (form of final compound, not the ingredients) using the following codes:

Blank	Not Specified	11	Solution
01	Capsule	12	Suspension
02	Ointment	13	Lotion
03	Cream	14	Shampoo
04	Suppository	15	Elixir
05	Powder	16	Syrup
06	Emulsion	17	Lozenge
07	Liquid	18	Enema
10	Tablet		

- **A dispensing unit indicator for the final compound product**:

1. Each
2. Grams
3. Milliliters

- **A dosage route of administration for the final compound product**:

0	Not Specified	12	Other/Miscellaneous
1	Buccal	13	Otic
2	Dental	14	Perfusion
3	Inhalation	15	Rectal
4	Injection	16	Syrup
5	Intraperitoneal	17	Topical
6	Irrigation	18	Transdermal
7	Mouth/Throat	19	Translingual
8	Mucous Membrane	20	Urethreal
9	Nasal	21	Vaginal
10	Ophthalmic	22	Enteral
11	Oral		

- **Ingredient National Drug Code (NDC) for each ingredient**
- **Ingredient quantity for each ingredient**
- **Ingredient cost for each ingredient** (If left blank or submitted with $0.00 cost, no payment will be made for that ingredient).

If you have any billing questions, please contact EDS at 383-4310 in the Boise area or toll-free 1-800-685-3757. Policy questions may be directed to the Pharmacy Unit at (208) 364-1829.

Your participation in the Medicaid program is appreciated.

PS/ea

May 1, 2003

MEDICAID INFORMATION RELEASE 2003-27

TO: PHYSICIANS, OSTEOPATHS, DENTISTS, MID-LEVEL PRACTITIONERS, PHARMACISTS, AND ALL OTHER PRESCRIBING PROVIDERS

FROM: Paul Swatsenbarg, Deputy Administrator, Division of Medicaid

SUBJECT: VOLUNTARY PREFERRED DRUG INITIATIVE - UPDATE

Effective **May 1, 2003**, Medicaid is requesting all providers prescribe the preferred agents within the following classes of medications:

Drug Class	Preferred Agent(s)
Urinary Incontinence Agents	Oxybutynin – Various Generics
Skeletal Muscle Relaxants	Baclofen – Various Generics Carisoprodol – Various Generics Cyclobenzaprine – Various Generics

Information Release 2003-12 effective **March 17, 2003** Medicaid requested all providers to prescribe the preferred agents in three specific classes. When ever possible, please continue to prescribe the preferred agents in the drug classes below in addition to the two additional drug classes:

Drug Class	Preferred Agent(s)
Long Acting Opioids	Methadone HCL –Dolophine® - Methadose® - Methadone HCL generics Fentanyl Transdermal System (Duragesic®) Levorphanol - Levo-Dromoran® - Levorphanol generic Long Acting Morphine Sulfate -Kadian® -Oramorph SR® -LA Morphine Sulfate generic
Triptans Serotonin (5HT $_{1B/1D}$) Agonists	Rizatriptan (Maxalt®,Maxalt-MLT®)

All agents in the Proton Pump Inhibitor class require prior authorization. Effective March 17, 2003, the Department has designated the Pantoprazole (Protonix ®) as the preferred agent for the Proton Pump Inhibitor drug class. When prior authorization has been approved for a Proton Pump Inhibitor the department is requesting that the preferred agent be prescribed whenever possible. Existing prior authorization guidelines and requirements for all agents, including Protonix ® will remain in effect.

Drug Class	Preferred Agent(s)
PPIs Proton Pump Inhibitors	Pantoprazole (Protonix®)

Listed below is an on-line link to clinical information outlining the therapeutic evaluation used to determine the preferred agents within the drug classes.

http://www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

Then click on Preferred Drug Initiative.

Prescribing of the preferred agent is a voluntary compliance request. The Department is requesting providers, when appropriate, prescribe the preferred agents within these drug classes. The ability to maintain a voluntary approach to the Preferred Drug Initiative will depend upon prescribers' willingness to use, whenever possible, the preferred medications in a therapeutic class.

The Medic-Aide newsletter will contain more information and updates to the Preferred Drug Initiative. If you have any questions regarding this program change, you may contact the Medicaid Customer Service team at 334-5795 or 1-800-378-3385.

Please post this information for the convenience of the prescribing provider in an easily visible location.

Drug Class	Preferred Agent(s)
Urinary Incontinence Agents	Oxybutynin – Various Generics
Skeletal Muscle Relaxants	Baclofen - Various Generics Carisoprodol – Various Generics Cyclobenzaprine - Various Generics
Long Acting Opioids	Methadone HCL - Dolophine® - Methadose® - Methadone HCL generics Fentanyl Transdermal System (Duragesic®) Levorphanol - Levo-Dromoran® - Levorphanol generic Long Acting Morphine Sulfate -Kadian® -Oramorph SR® -LA Morphine Sulfate generic
Triptans *Serotonin (5HT 1B/1D) Agonists*	Rizatriptan (Maxalt®,Maxalt-MLT®)
PPIs *Proton Pump Inhibitors*	Pantoprazole (Protonix®)

April 15, 2003

MEDICAID INFORMATION RELEASE # 2003-28

T0: ALL TARGETED CASE MANAGEMENT SERVICE PROVIDERS

FROM: Paul Swatsenbarg, Deputy Administrator, Division of Medicaid

Subject: CRISIS CASE MANAGEMENT SERVICES FOR PERSONS WITH A MENTAL ILLNESS

The Department recently met with representatives of the Case Management Association of Idaho and the Mental Health Providers Association of Idaho to discuss the need for the provision of crisis case management. Through this collaborative effort, the group was able to develop language and criteria for the provision of crisis case management services to adults with severe and persistent mental illness. This new language and criteria will appear in an amendment to temporary rule that will be published in the May 7th edition of the Idaho Administrative Bulletin.

Effective April 28, 2003 amended temporary rules will allow mental health case managers to deliver up to four (4) additional hours of ongoing case management (procedure code 8196A), without a required prior authorization, to address crisis case management needs of service participants.

By definition, crisis case management services are linking, coordinating and advocacy services provided to assist a recipient with accessing emergency community resources in order to resolve a crisis. Crisis case management services do not include crisis counseling, transportation to emergency service providers, direct skills building services, or encouragement of independence as identified in IDAPA 16.03.09.478.04.

The crisis must be precipitated by an unanticipated event, circumstance, or life situation that places a recipient at risk of any of the following: *hospitalization; incarceration; becoming homeless; losing employment or major source of income; or physical harm to self or others, including family altercation or psychiatric relapse.*

Beginning April 28, 2003, the Department or its designee may authorize additional crisis case management services. To be eligible for additional crisis case management services, the recipient must have already received four (4) hours of ongoing case management (current limitation) and four (4) hours of crisis case management. The Department or its designee may authorize additional hours for crisis case management if a recipient still has severe or prolonged crisis case management needs and meets all of the following criteria:

1. The service recipient is at imminent risk (within fourteen (14) days) of hospitalization or institutionalization, including nursing home; and
2. The service recipient is experiencing symptoms of psychiatric decompensation; and
3. The service recipient has already received the maximum number of monthly hours of ongoing case management and crisis case management; and
4. No other crisis assistance services are available to the recipient under other Medicaid mental health option services, including Psychosocial Rehabilitation Services (PSR).

Also effective April 28, 2003, Medicaid's Automated Information System (AIM) will allow automatic claims processing of crisis case management services that do not require Department authorization. The Department will retrospectively review claims for crisis case management reimbursement to ensure appropriateness of the services and will recoup monies paid for unsubstantiated claims.

The Department will offer 1.5 hour video-conference training on crisis case management to Targeted Case Management providers on **May 6, 2003** from **2:00 -3:30 PM MST or 1:00 -2:30 PM PST.** Locations for the video-conference are:

DHW Region 1: *U of I Extension Office – Coeur d'Alene*
1000 West Hubbard
Room 112

DHW Region 2: *LCSC – Lewiston*
Sam Glenn Complex
Room 50
Map: http://www.lcsc.edu/welcome/map.htm

DHW Region 3 & 4: *Joe R. Williams Bldg. – Boise*
700 W. State
East Conference Room

DHW Region 5: *CSI – Twin Falls*
Aspen Building
Room 195
Map: http://www.csi.edu/images_/campusMap.jpg

DHW Region 6: *ISU – Pocatello*
Library Media Center
Room B35
Map http://www.isu.edu/isutour/isumap.html

DHW Region 7: *EITC - Idaho Falls*
John E. Christofforson Building
Room 371
Map: http://www.eitc.edu/aboutus/campusmap.cfm

For those unable to attend the training, a videotaped copy will be available for checkout from the Department within thirty (30) days of the training.

Additional authorization guidelines have been included with this notice. Please see enclosed:

"*Process For Authorization Of Additional Crisis Case Management Hours Under Targeted Case Management (TCM) For The Mentally Ill*" - Instructions on how to request authorization for additional case management hours.

"Request For Additional Crisis Case Management Hours" - A sample request form that must be completed and sent to DHW for review and decision before additional crisis management hours may be approved.

Mental health case management providers are encouraged to inform case management service recipients of the changes concerning crisis case management services.

For specific questions regarding DHW authorization of crisis case management services beyond four (4) hours, please contact Shannon Froehlich at (208) 364-1903. If you have questions regarding the information in this notice, please contact Carolyn in Medicaid Customer Service at (208) 334-5795. Thank you for your continued participation in the Idaho Medicaid Program.

PROCESS FOR AUTHORIZATION OF ADDITIONAL CRISIS CM HOURS UNDER TARGETED CASE MANAGEMENT (TCM) FOR THE MENTALLY ILL

April 28, 2003

Request for Additional Crisis Case Management Hours

Additional community crisis case management (CM) hours are requested in order to facilitate access to emergency community resources, by linking/coordinating, and/or advocating for services. The limitation (cap) of four (4) hours of ongoing case management per month will remain in place. If the participant experiences a crisis as defined in IDAPA 16.03.09.478.03 and the case manager has already provided four (4) hours of non-crisis case management in a calendar month, the CM may provide and bill for up to four (4) additional hours of on-going case management services during that same calendar month to address crisis case management needs. Any request for additional ongoing case management hours to address crisis case management needs, above the four (4) hours per month, will require authorization by the central office care manager and must meet criteria set forth in IDAPA 16.03.09.478.03 & 16.03.09.483.07.

Process to Request Additional Crisis Case Management Hours

1. The TCM Case Manager (Agency) completes the form "Request for Additional Crisis Case Management Hours".
2. Case Manager E-mails or faxes the completed form(s) to Central Office, Behavioral Health Care Management Unit, which includes:
    - Request for Additional Crisis CM Hours
    - Participant's TCMMI Assessment and Treatment Plan
    - Applicable Progress Notes
3. Central Office Care Manager will complete the Authorization/Denial form for Additional Crisis CM Hours and will E-mail or fax back a decision to case manager (Agency) within forty-eight (48) business day hours of the date of receipt of the "Request for Additional Crisis Case Management Hours".
4. If criteria for authorization of crisis case management services are met, then the Care Manager will enter an electronic service authorization into Medicaid's Automated Information System (AIM).
5. The TCM Agency may then bill for services authorized.

Informal Dispute Resolution Process

1. The TCM Agency contacts the central office Care Manager and requests an Administrative Review of the Care Manager's authorization decision.
2. The Care Management Bureau conducts an Administrative Review of the authorization decision within 72 business day hours.
3. The Medicaid Behavioral Health Manager informs the TCM Agency of the results of the Administrative Review.
4. The Medicaid Behavioral Health Manager and/or the central office Care Manager may or may not amend the original authorization decision depending on the outcome of the Administrative Review.

Formal Appeal Process

You may request an appeal by writing to:

Sherri Kovach
Administrative Procedures Coordinator
450 W. State Street, 10th Floor
Box 83720
Boise, Idaho 83720-0036

Division of Medicaid
Behavioral Health Care Management Unit

REQUEST FOR ADDITIONAL CRISIS CASE MANAGEMENT HOURS

Additional Community Crisis Case Management hours are requested in order to facilitate access to emergency community resources, by linking/coordinating, and/or advocating for services. To be eligible for additional crisis case management services, the service recipient must have already received four (4) hours of non-crisis case management and four (4) hours of crisis case management.

Participant Name:
Medicaid Number:
From Case Manager:

Participant must meet all of the following criteria:

- **Imminent risk (within 14 days) of hospitalization or institutionalization; and**
- **Experiencing symptoms of psychiatric decompensation; and**
- **Has received the maximum number of monthly hours of ongoing case management and crisis case management; and**
- **No other crisis assistance services are available under other Medicaid mental health option services (including) Psychosocial Rehabilitation Services)**

Crisis must be precipitated by an unanticipated event, circumstance, or life situation that places the participant at risk of: (check all that apply)

☐ Hospitalization	☐ Losing employment or major source of income
☐ Incarceration	☐ Physical harm to self or others
☐ Becoming homeless	(family altercation or psychiatric relapse)

Please document the following information in detail, attach the case management assessment & treatment plan, and any applicable progress notes.

---

1. Presenting Problem:

A. Date crisis began:

B. Describe the crisis, include the unanticipated event or circumstance that lead to the crisis**.**

C. What symptoms of psychiatric decomposition are present?

2. Crisis Response History:

MONTH TO DATE TOTALS: Ongoing Case Management: _____ Crisis Case Management:_____

A. What linking, coordination, or advocacy services have already been provided to resolve this crisis? (Include the number of ongoing case management and crisis case management units or hours already provided during this calendar month).

B. What other crisis assistance services are available to the recipient under other Medicaid mental health option services (e.g. Psychosocial Rehabilitation Services)?

3. Crisis Resolution Plan

A. Action Plan: What is your agency's response to resolving the crisis? (Be specific and identify what linking, coordinating, or advocacy services will be provided)

B. How does this intervention promote the health and safety of the recipient or prevent hospitalization/incarceration/out of home placement?

Participant Name:

Agency Name:
Phone Number:
Fax Number:
E-Mail Address:

April 11, 2003

MEDICAID INFORMATION RELEASE 2003-29

TO: **ALL GENERAL ACUTE HOSPITALS, CHILDREN'S HOSPITALS AND INDIAN HEALTH SERVICE HOSPITALS**

FROM: Paul Swatsenbarg Deputy Administrator, Division Of Medicaid

SUBJECT: **NON-CITIZEN EMERGENCY MEDICAL DOCUMENTATION FOR LABOR AND DELIVERY AND OTHER EMERGENCY MEDICAL REQUESTS**

Beginning April 1, 2003, the process for approving labor and delivery for Non-Citizen Emergency Medical services has changed.

Labor and Delivery Services

Requests for payment of C-Sections and vaginal deliveries for non-citizens require review by the Department. Consideration for coverage for non-citizens requires submission of the following documentation:

1. Admission record (including date and time of admission)
2. Discharge summary (including date and time of discharge)
3. Doctor's delivery notes

Other Medical Services

All other requests for emergency medical services for non-citizens also require review. The dates of service should be included with the following documentation:

1. History and physical
2. Admission and discharge summaries
3. Doctor's orders and doctor's progress notes
4. Emergency room report

Providers should submit the request for consideration of payment with all the required documentation to the local Self-Reliance Services (SRS) office. Requests will be reviewed by the local SRS and the Medicaid Care Management Bureau. The local SRS office will notify each non-citizen applicant of the determination.

If the request for review is initiated by the hospital, the SRS will notify the hospital provider of the determination.

If you have questions regarding the information in this notice, please contact Carolyn at (208) 364-1827. Thank you for your continued participation in the Idaho Medicaid Program.

PS/cbp

April 14, 2003

MEDICAID INFORMATION RELEASE #2003-31

TO: IDAHO MEDICAID PROVIDERS

FROM: Kathleen P. Allyn, Deputy Administrator

SUBJECT: HIPAA PRIVACY – COVERED ENTITIES

The new Federal Regulations called HIPAA (Health Insurance Portability and Accountability Act) allow the use and disclosure of identifying or protected health information between "covered entities" to provide treatment, payment or health care operations (45 CFR Part 164.506).

According to Idaho rule, Department employees and contractors may use and disclose records as necessary to perform normal business functions, including health treatment, audit and quality improvement, investigation of fraud and abuse, establishment of overpayments and recoupment, public health, or other functions authorized by law. Information will be made available to state and federal auditors and compliance monitors (IDAPA 16.05.01.100.05).

By way of clarification, written authorization from the patient is not required for covered entities to disclose identifying or protected health information to Department staff and Medicaid's Business Associate Contractors when there is a need-to-know for them to do their jobs.

Department Staff

Department staff performs a number of services necessary to provide clients with treatment, payment and normal health care operations including:

- Prior authorizations for services such as transportation (non-emergency medical), medical equipment, certain medicines and most brand name drugs when generics are available, physical therapy, certain vision services, and other services.
- Audits, investigations, and inspections in compliance with state and federal regulations.
- Health oversight activities such as monitoring the Medicaid program for fraud and abuse of services.

Medicaid's Business Associate Contractors

The Department has contracted with several organizations to conduct some of our health care operations. Agreements with the following business associate contractors authorize them to conduct Medicaid's health care operations on our behalf:

- EDS – claims payments
- QUALIS Health – utilization and case management
- Thomas Young, MD – case management
- Myers & Stauffer – auditing services
- SWEEP – Medicaid's supplier for glasses (frames and lenses)
- Thomas Bruck, DDS and A. Riley Cutler, DDS – prior authorization of dental services
- ISU-DUR – drug utilization review
- Public Consulting Group – third party recovery

Your cooperation and assistance in sharing appropriate protected health information with Department staff and their business associate contractors will enable us to continue the administrative and operational procedures necessary to provide services and benefits to our clients while complying with applicable HIPAA regulations.

If you have questions, please contact Arlee Coppinger at (208) 334-5747.

KA/dy

April 30, 2003

MEDICAID INFORMATION RELEASE 2003-32

TO: NON-HOSPITAL-BASED AIR AMBULANCE SERVICE PROVIDERS

FROM: Paul Swatsenbarg, Deputy Administrator

SUBJECT: CHANGE IN NON-HOSPITAL-BASED AIR AMBULANCE REIMBURSEMENT METHODOLOGY

Idaho Medicaid is changing the current non-hospital-based air ambulance reimbursement methodology and rates to align more closely with Medicare's bundled reimbursement methodology for air ambulance services. The following changes to non-hospital-based air ambulance reimbursement are effective for dates-of-service on or after **May 1, 2003.**

- Supplies and medications will be included within the bundled rates and will no longer be covered as separately billable services/items.
- HCPCS codes must be used for fixed wing and rotary air ambulance services. In addition to the base rate, mileage must be billed separately with appropriate HCPCS codes.
- These are the new Medicaid covered codes and reimbursement rates for claims with dates of service on or after 5/1/2003. These codes are HIPAA compliant.

HCPCS	Description	Reimbursement
A0430	Fixed wing – base rate	$ 773.33
A0435	Fixed wing – mileage rate (per mile)	$ 6.57
A0431	Rotary wing – base rate	$ 899.11
A0436	Rotary wing – mileage rate (per mile)	$ 17.51

For retrospective review of emergency ambulance services and prior authorization of non-emergency ambulance services, please contact the EMS Bureau, Review Unit at (208) 334-2484 or toll-free (800) 362-7648. If you have questions regarding the information in this notice, please contact Colleen Osborn (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

PS/af/co

EDS
P.O. Box 23
Boise Idaho 83707

IDAHO DEPARTMENT OF HEALTH & WELFARE

Attention: Business Office

Submitting split claims for the fiscal year end

When billing for dates of service that span a fiscal year end there are a few important steps that must be taken:

1. Write the words 'split claim' clearly across the top of the claim form.

2. Use the EOMB (Explanation of Medicare Benefits) to submit two claims if it spans the fiscal year end.

Do **not** change the dates on the EOMB itself; just note on each claim that it is a split claim. If it is not clear that a claim is a split claim, it will be returned because the dates/dollar amounts on the EOMB do not match the claim.

Example: the EOMB spans 7/1/03 to 7/30/03 and the fiscal year ends on 7/15/03. The first claim will span from 7/1/03 to 7/15/03 with a copy of the EOMB attached. The second claim will span 7/16/03 to 7/30/03, also with a copy of the EOMB attached.

3. Submit only one claim if the total amount Medicaid owes is all deductible. The total deductible amount is paid on the first date of service only. It is a lump payment and it does not matter how many days are on the EOMB. Use the last dates of service in the fiscal year and attach a copy of the EOMB. Write 'split claim' across the top of the claim form. A second claim form is not needed for the remaining dates of service in the new fiscal year since the entire claim will have been paid in full. This applies only to Medicare inpatient claims.

If you have any payment issues with split claims, contact your Provider Relations Consultant or call MAVIS and ask for *AGENT*: (800) 685-3757 or (208) 383-4310.

Submitted by EDS

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:
Becca Ruhl,
Division of Medicaid

Cynthia Brandt,
Publications Coordinator,
EDS

If you have any comments or suggestions, please send them to:

ruhlb@idhw.state.id.us

or

Becca Ruhl
DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036

Fax: (208) 364-1911

MedicAide

An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **July 2003**

In this issue:

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

Is Your Software Vendor Ready for HIPAA?

If you submit electronic professional, institutional, or dental claims to Medicaid, you must use software that supports the HIPAA-compliant ASC 4010-A1 format, starting October 20, 2003. Providers who are ready earlier than October 20 may submit claims to Idaho Medicaid using the new format at any time.

If you use software other than EDS Provider Electronic Solutions (PES), you need to be sure that your software vendor upgrades or replaces your current billing software with a HIPAA-compliant version and that the software is successfully tested with EDS. Start talking to your software vendor now to find out their plans for HIPAA readiness. This can prevent delays in claims processing and payment.

Use the following tips to find out about your software vendors' plans for HIPAA readiness:

1. Ask your software vendor, billing agency, or clearinghouse when they will be ready to implement HIPAA 837 transactions. Ask for specific dates of when testing will occur and when software will be distributed.
2. Whether using upgraded software or purchasing new software ask:
   - Will the new or upgraded software support the 4010-A1 HIPAA Addenda version?
   - Can existing data be converted to the new software?
   - How long will conversion take for upgraded software?
   - Has the software been tested with EDS?
   - Are testing results available?
3. Find out how to contact your vendor before and after October 20, 2003:
   - Is there a toll-free telephone number for support?
   - Does support have a cost?
   - Are upgrades included in the support cost?
4. Ask what transactions will the software perform? (837 Health Care Claim, 835 Health Care Claim Payment/Remittance Advice, 270/271 Eligibility)

Don't rely on vendors' verbal promises of readiness.

Continued on page 5

Documentation and Attachments

99% of all Medicaid claims do **not** require any attachments. The following chart includes most of the times when attachments are required. If a service is not on this chart, it probably does not require an attachment. When attachments are **not** needed, submit the claim electronically for faster processing.

For claims that require prior authorization, the documentation is sent to the authorizing body and **not** sent with the Medicaid claim. Since most hospital claims are prior authorized, there is no need to send attachments with these claims to *EDS* unless they are on the following chart.

See the *Idaho Medicaid Provider Handbook* for more complete information on attachments.

Billing situation	Include this attachment
Modifier 21, 22, and 23	Chart and/or op report
Modifier 50 and 51 if Medicaid payment will be over $1000	Chart and/or op report
Modifier 62 (the claim and the co-surgeon's claim should be billed within 30 days of each other)	Chart and/or op report
Any CPT code that ends in 99	Chart and/or op report
Sterilization or hysterectomy	Consent form
Abortion	Certificate of Medical Necessity
Initial or renewed claim for oxygen or oxygen supplies, or if there is a change in the client's oxygen requirements (i.e., lab values, length of need)	Certificate of Medical Necessity
Private room	Certificate of Medical Necessity or physician's orders
Other insurance has paid less than 40% or denied the claim	Copy of EOB from other insurance with an explanation of the payment/denial codes
Procedures that require manual pricing	If you are unsure about pricing, call MAVIS or check online at *www2.state.id.us/dhw/medicaid/fee_schedule.htm*
Procedures or services that require an invoice or receipt (see Provider Handbook)	Invoice or receipt. *Example: hearing aids.*
Claims billed for services that exceed Medicaid limitations may be denied for justification.	Justification for second service. When billing services requiring justification, use the appropriate comments field for the justification. This can be done electronically since no attachment is required.

Providers can save themselves copying costs, postage, and time by only sending attachments when they are specifically required. When documentation is required with a paper claim, please follow these guidelines:

1. With multiple claims using the same attachment, make a copy of the attachment and include one copy with each claim.
2. With an attachment printed on both sides of the page, make a copy of the back side and include both pages with the claim.
3. With an attachment on a small piece of paper, copy it or tape it to an 8 1/2 by 11 inch piece of paper.
4. When submitting several claims together, stack the claims with the required attachments one on top of the other: claim, attachment(s); claim, attachment(s); claim, attachment(s). Do **not** use paperclips, staples, 'post-it-notes', or glue.

Submitted by *EDS*

DHW Phone Numbers Addresses Web Sites

DHW Websites:
www.idahohealth.org
www2.state.id.us/dhw
www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

DHW Customer Service
(800) 378-3385
(208) 334-5795

Idaho Careline
211 (not available in all areas)
(800) 926-2588

Provider Fraud and Utilization Review
P. O. Box 83720
Boise, ID 83720-0036
(866) 635-7515 (toll free)
(208) 334-0675
Email:
~medicaidfraud&sur@idhw.state.id.us
(note: begins with ~)
Internet:
www2.state.id.us/dhw/Medicaid/providers/fraud.htm

Healthy Connections
Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766

Region II - Lewiston
(208) 799-5088
(800) 799-5088

Region III - Caldwell
(208) 455-7280
(800) 494-4133

Region IV - Boise
(208) 334-4676
(800) 354-2574

Region V - Twin Falls
(208) 736-4793
(800) 897-4929

Region VI - Pocatello
(208) 239-6260
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945

Spanish Speaking
(800) 862-2147

Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5795
(800) 378-3385

Prior Authorization Phone Numbers Addresses Web Sites

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

EMS Review Unit
(800) 362-7648
(208) 334-2484
Fax
(800) 359-2236
(208) 334-5242

PCG
P.O. Box 2894
Boise, ID 83701
(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

Pharmacy
P.O. Box 83720
Boise, ID 83720-0036
(877) 200-5441 (toll free)
(208) 364-1829
Fax (208) 364-1864
Web: www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

Qualis Health (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax (800) 826-3836 or
(206) 368-2765

Qualis Health Website
www.qualishealth.org/idahomedicaid.htm

Transportation Prior Authorization Unit
(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

Congratulations to New SPBU Graduates!

Eight providers recently completed the training program offered by the Small Provider Billing Unit (SPBU) at *EDS*. Their success was punctuated by praise for the unit and their individual representatives. The graduates represent a wide variety of provider types including out-of state providers. One graduate went from billing 65% accurately the first time to a 91% success rate.

One reason for the success of the SPBU providers is that participants have a one-on-one relationship with their representative. A graduate said, "The SPBU unit went above their calling... We built a great relationship." The representatives do almost all of their training over the phone at times that are convenient for the provider. They customize the training to meet the needs of the particular participant. As an example, if the provider already knows how to check eligibility, they move on to a subject where they need help.

"This program saved us! Most of our claims were getting denied... (Our representative) guided us and taught us what Medicaid needed on its claims."

Recent SPBU grad

Currently, participants are being helped as they make the transition to HIPAA electronic requirements. This includes training on the new *EDS* billing and eligibility software, PES. While emphasis is placed on electronic billing, paper billing is also explained.

The only requirement to join the program is that the provider must bill fewer than 100 Medicaid claims a month. There is no charge for participation.

Training is in three phases and can take up to a year. It addresses all aspects of Medicaid billing and answers the provider's specific questions about their own billing needs. Providers learn how to read an RA, request prior authorization, complete an electronic or paper claim form, verify eligibility and Healthy Connections, and use the provider handbook to answer other questions.

If you are interested in learning more about the Small Provider Billing Unit, please call **MAVIS** at (800) 685-3757; ask for *AGENT*. Tell the agent that you would like to speak to the SPBU and they will forward your call to one of the SPBU representatives.

Submitted by *EDS*

Attention: Pharmacy Providers

Brand name prior authorization requirements will be added for Adderall® and MS Contin®, effective July 15, 2003. Providers are reminded to check the Medicaid Pharmacy Web Site at http://www2.state.id.us/dhw/medicaid/providers/pharmacy.htm for the most current Medicaid Pharmacy information.

Submitted by DHW

New MAVIS Feature for EDI Questions

Providers can now go directly to the EDI Technical Support helpdesk with their questions. The helpdesk can answer questions about transmission errors, batch inquiries, software issues, troubleshooting, and vendor testing. Call MAVIS and say *TECHNICAL SUPPORT* immediately after the MAVIS greeting.

Submitted by *EDS*

HIPAA Legislation Impacts Local Codes

Among the many changes required by the Health Insurance Portability and Accountability Act (HIPAA) is the requirement to use standardized procedure codes for billing transactions. Idaho Medicaid has historically used State-Only/Local codes for some procedures for a variety of reasons. During the months of September and October, all Idaho State-Only/Local codes will be transitioned to HIPAA-compliant standard codes. Notification of the specific changes to acceptable procedure billing codes will be distributed through Information Releases with the August and September MedicAide Newsletters. Please watch for this information because Local Codes impact many provider groups.

If you have questions regarding the changes for State-only/Local codes please contact the Idaho Department of Health and Welfare HIPAA HelpLine at 332-7322 or e-mail to HIPAAComm@idhw.state.id.us

Submitted by the HIPAA TCS Project Team

PES Calculator Upgrade

The unit calculation function in the Provider Electronic Solutions (PES) software should be available to providers in July. We received numerous requests to upgrade the current version of PES to include the feature to calculate the amount billed from the units billed and the per unit price.

Watch and listen for upgrade notification in RA banner messages and MAVIS hold messages in late June or early July. You will need to download and apply the upgrade from within PES using the following instructions. For future reference, information for obtaining upgrades is also found in Section 14 – Tools in the PES Handbook and in the FAQs on the HIPAA page of the Idaho Health website – http://www.idahohealth.org

Before beginning the upgrade process, it is recommended that you turn off any anti-virus software running in the background and turn it back on after the upgrade process is complete.

Select "YES" when PES asks if you want to check for upgrades to the software. This message appears after your security login. The software will begin the dialing sequence, connect to the BBS (Bulletin Board System) and download any new available upgrades to the program folder on your hard drive.

You may also select "Tools" from the main menu and "Get Upgrades" to initiate the dial up to the BBS.

How to Download Upgrade

The software will begin the dialing sequence, connect to the BBS (Bulletin Board System) and download any new available upgrades to the program folder on your hard drive. You will see the following sequence of messages while the system is checking the BBS for upgrades:

Dialing the host….
Connect to the network….
Logon to BBS….
Checking for upgrade files….
Upgrade downloading (if there is a new upgrade) or No upgrades found….
Logoff
1 upgrade available (if there is a new upgrade) or No upgrades available to apply.

Apply the Upgrade

You must then select "Start" and then "Programs". Locate the option for "ID EDS Provider Electronic Solutions" and then select the option titled "Upgrade". You will be prompted to exit all applications prior to continuing with the upgrade. After exiting all applications, select

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EDS Phone Numbers Addresses

MAVIS
(800) 685-3757
(208) 383-4310

EDS
Correspondence
PO Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
PO Box 23
Boise, ID 83707
PCS & ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Fax Numbers
Provider Enrollment
(208) 395-2198
Provider Services
(208) 395-2072

Client Assistance Line
Toll free: (888) 239-8463

H I P A A

DHW HIPAA Project

Mail:
DHW HIPAA Project
DHW
PO Box 83720
Boise, ID 83720-0036

Email:
HIPAAComm@idhw.state.id.us

Fax:
DHW HIPAA Project
(208) 334-0645

Internet:
www.idahohealth.org
(select H&W HIPAA quicklink)
or
www2.state.id.us/dhw/hipaa/index.htm

Software Testing:
(866) 301-7751

EDS Phone Numbers Addresses

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., # 102
Coeur d'Alene, ID 83814

prudie.teal@eds.com
(208) 666-6859
(866) 899-2512 (toll free)
Fax (208) 666-6856

Region 2
JoAnn Woodland
1118 F Street
P.O. Drawer B
Lewiston, ID 83501

joann.woodland@eds.com
(208) 799-4350
Fax (208) 799-5167

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605

mary.jeffries@eds.com
(208) 455-7162
Fax (208) 454-7625

Region 4
Jane Hoover
1720 Westgate Drive, # A
Boise, ID 83704

jane.hoover@eds.com
(208) 334-0842
Fax (208) 334-0953

Region 5
Penny Schell
2241 Overland Avenue
Burley ID 83318

penny.schell@eds.com
Burley: Tuesday & Friday
(208) 677-4002

Twin Falls: Mon, Wed, Thurs
(208) 736-2143
Fax (208) 678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201

sheila.lux@eds.com
(208) 239-6268
Fax (208) 239-6269

Region 7
Bobbi Woodhouse
150 Shoup Avenue
Idaho Falls, ID 83402

bobbi.woodhouse@eds.com
(208) 528-5728
Fax (208) 528-5756

PES Calculator Upgrade

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"Yes" to the question to apply the upgrade. Continue to answer the questions until the upgrade has been completed. This usually takes less than one minute.

Once the upgrade is complete and you have selected the "Finish" button, the Upgrade application will close. After the upgrade is complete you may access PES and any other applications and continue your work as usual.

If you have installed the application on several computers, you will need to download the upgrade to each individual computer following the steps detailed above.

Warning! Always use the upgrade function. Do **not** load a new version of PES. If you do, you will lose the lists and forms you have created.

Submitted by the HIPAA Provider Transition Team

Is Your Software Vendor Ready for HIPAA?

Continued from page 1

5. Will the vendor certify these transactions through a 3rd party entity such as Claredi or Edifecs?
6. Find out if the vendor uses a clearinghouse and if the clearinghouse successfully tested with EDS.
7. Ask if the vendor will provide training on the new or upgraded software. Will there be a cost for the training? When and where will the training occur?
8. Get it in writing. Don't rely on vendors' verbal promises of readiness.

A previous article in the September 2002 MedicAide newsletter gives additional information about communicating with your vendor. You can view the article online at: http://www2.state.id.us/dhw/medicaid/MedicAide/past_issues.htm

The bottom line for providers is to ask questions often to make sure vendors are ready to submit HIPAA-compliant transactions to Idaho Medicaid **by** October 20, 2003.

Submitted by the HIPAA Provider Transition Team

New PES Training Labs Scheduled

Responding to strong provider interest, EDS and the Department of Health and Welfare continue to offer training opportunities to providers for the new Provider Electronic Solutions (PES) software. Regional PES labs will be held in July and August for Idaho Medicaid providers to gain hands-on experience and learn about the PES software. Training will be offered on:

July - 7, 9, 11, 15, and 17
Aug - 4, 6, 8, 12, and 14

PES can be used to check Idaho Medicaid eligibility and submit claims. EDS regional provider relations consultants will train providers in how to use the software to:

- Install the PES application
- Submit eligibility transactions
- Use the Idaho PES Handbook
- Save data lists in PES
- Submit Medicaid claims using the software

Training will be held at the DHW regional offices. For more information, contact the provider relations consultant for your region. (See listing on this page.)

Submitted by *EDS*

Checking Claim Status

Providers want to know that their Medicaid claims are being processed quickly and accurately. The fastest way to verify if *EDS* has received your claim is to wait about four business days and then call MAVIS. Here is a recommendation on how to efficiently check on your claim status:

1. Before mailing your paper claim, be sure that your provider number is printed neatly in the correct field on the claim form. Many providers are still using their FEIN, SSN, or license number instead of their 9-digit Idaho Medicaid provider number. If there is no number or an incorrect number, the claim will be denied because there is no one to pay. In addition, the provider is not notified of the denial because the system cannot identify who submitted the claim.

2. After your claim is mailed, wait for the claim to be delivered. Remember, it will take from 1 to 4 days depending on where and when it is mailed.

3. After your claim is delivered, wait for it to be processed. All claims are scanned as they are received Monday through Friday. Once scanned, the claims are "loaded" into the claims processing system. Scanning and loading can take from 24 to 48 hours depending on the volume of claims. Once a claim is loaded, it takes about 2 to 4 hours for the claim to be set to pay, deny, or pend. Once this happens, you can call and find out about your claim's status.

4. Call MAVIS and ask for *CLAIM STATUS*. You will need your provider number, the client number, dates of service, and the billed amount. MAVIS will tell you if the claim is paid, denied, suspended for review (pended), or approved to pay. (Once you receive your RA, you can track a pended claim by using the ICN from the pended claim section.)

Of course, for the **fastest and most efficient claim tracking** consider billing electronically. Claims that are submitted electronically are received, loaded, and processed in 3 to 5 hours Monday through Friday. (Claims submitted over the weekend are not processed until Monday morning.) Electronic billing software is available at no charge from *EDS*.

EDS Dial-Up Phone Numbers Change for Electronic Billing

Providers who bill with the old *EDS* software, ECMS-PC, must change the dial-up phone numbers they use. These numbers are the same numbers used with the new *EDS* software, PES. The old dial-up numbers will be inactivated by the end of June.

Follow these instructions to change your dial-up settings:

Step 1 To change the settings in ECMS-PC, go to Utilities, Dial Up settings.

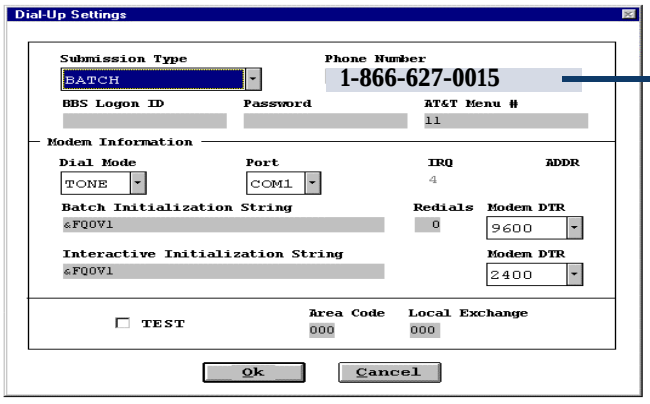
Step 2 Select Batch from the Submission Type drop down menu.

Step 3 Enter 1-866-627-0015

Step 4 Select Interactive from the Submission Type drop down menu.

Step 5 Enter 1-866-627-0017

Step 6 Select OK.



Submitted by *EDS*

May 9, 2003

MEDICAID INFORMATION RELEASE #2003-30

TO: **All Nursing Facility Providers**

FROM: Paul Swatsenbarg, Deputy Administrator

SUBJECT: **APPLICATION OF PATIENT LIABILITY FOR NURSING HOME SERVICES**

Implementation of the application of patient liability for nursing home services who are Medicare Part A eligible has been delayed until April 1, 2003.

If your facility has collected liability from residents for Medicare Part A services for the month of March 2003, your facility needs to return the amount collected to the resident and bill Medicaid for the coinsurance and deductible.

The claims submission process is as follows:

- Submit your claim form with a copy of the Medicare Summary Notice (MSN) attached.
- On the UB-92 claim form in field 39 – Value codes, use value code 31 under "code" and put the most recently available patient liability amount under "amount".
- Enter the Medicare payment in field 54 of the UB-92 claim form.

The Medicare payment is calculated by:

1. If the Medicaid allowed amount is equal to or less than the amount paid by Medicare and patient liability combined, no additional payment will be made.
2. If the Medicaid allowed amount is greater than the amount paid by Medicare and patient liability combined, the payment will be the difference between the Medicaid allowed amount and the Medicare payment.

If you have any questions, please contact Elvi Antonsson at (208) 364-1810. Thank you for your participation in the Idaho Medicaid Program.

PS/ea

Information Releases on Web

To obtain a copy of any current information release, please check the DHW website at **www2.state.id.us/dhw** and select **Medicaid**. If you do not have access to the Internet or do not see the specific release listed and would like a copy, please call (208) 334-5795.

May 9, 2003

Dear Administrator:

The implementation of the application of patient liability for nursing home services for patients with Medicare Part A has been delayed until April, 2003. If your facility collected for the month of March 2003, you have to refund the patient and bill Medicaid.

We have enclosed ten copies of this client notice for you to distribute to all of your Medicaid clients that are currently covered by Medicare Part A (21st through 100th day of their nursing home stay). You can make additional copies of the client notice if you need more for distribution.

We are telling your client that if they or their family have any questions about the amount of their patient liability (the amount they are required to pay) you can help them.

If you have any questions regarding this notification process, please call Sheila Pugatch, Medicaid Reimbursement, at (208) 364-1817.

Sincerely,

SHEILA PUGATCH
Senior Financial Specialist

SP/ea

May 9, 2003

Dear Medicaid Participant:

Starting on April 1, 2003, Medicaid will pay no more than the difference between the Medicaid allowed amount and the Medicare Part A payment for your nursing home care that qualifies for Medicare reimbursement.

If your income can count toward your nursing home care, it will be applied to paying for your nursing home care starting with the first full calendar month you are in the nursing home after your hospital stay.

If your income was collected for the month of March 2003, for a Medicare reimbursable stay, it will be refunded to you by the nursing home and they will bill Medicaid for the patient liability part.

You may still keep your monthly personal allowance which is currently $40.

If you are on Veterans Benefits, your personal allowance will be different.

If you or your family have any questions about the amount of your patient liability (the amount you are required to pay), your facility administrator can help you. If you still have questions after speaking with him/her, you may contact your self-reliance specialist in your local Health and Welfare office.

May 23, 2003

MEDICAID INFORMATION RELEASE #2003-35

TO: **Hospice Providers**

FROM: Paul Swatsenbarg, Deputy Administrator

SUBJECT: **REIMBURSEMENT RATE CORRECTION**

This notice is to inform providers of a reimbursement rate correction recently made by the Department for hospice services. Medicaid had the incorrect reimbursement rates on file in the payment system. As a result, claims were reimbursed incorrectly for dates of service **on or after October 1, 2002.**

Providers were previously notified of the correct rates with Medicaid Information Release #2002-38 dated October 15, 2002. The following rates are currently on file:

Revenue Code/Description	Rural	Urban Ada/Canyon County
651 – Routine Care	$108.62	$111.40
655 – Respite Care	$119.44	$121.82

DHW will initiate claim adjustments for dates of service on or after October 1, 2002 to reimburse providers for the difference between the correct rate and what was reimbursed. If the original claim was submitted with a rate lower than the correct rate, the automatic adjustment will not correct the payment. In these cases, please correct the claim to the higher rate and submit an adjustment request form to EDS for correct reimbursement.

If you have any questions concerning the information contained in this release, please contact Sheila Pugatch, Senior Financial Specialist for the Bureau of Medicaid Benefits and Reimbursement Policy, at (208) 364-1817.

Thank you for your continued participation in the Idaho Medicaid Program.

May 30, 2003

MEDICAID INFORMATION RELEASE # MA03-38

TO: **All Medicaid Providers Billing Medicare part B Crossover Claims**

FROM: Paul Swatsenbarg, Deputy Administrator

SUBJECT: **PART B MEDICARE CROSSOVER BILLING UPDATE**

Some providers have received incorrect payments when billing according to instructions provided in Information Release #2002-32. Modifications have been made to the claims processing system to solve these problems and the following instructions are effective immediately:

- Providers billing on claim form CMS 1500 (formerly HCFA 1500): Please enter the total of the detail lines (total Billed) in field 28. The contractual adjustment(s) need not be included in the amount entered in field 29 (Amount Paid).
- Providers billing on claim form UB-92: The contractual adjustment(s) need not be included in the amount entered in field 54 (Prior Payments).

If you have any questions regarding this information, please contact Elvi Antonsson at 208 364-1810.

Thank you for your patience and your participation in the Medicaid program.

PS/ea

May 27, 2003

MEDICAID INFORMATION RELEASE MA03-41

TO: **All Mental Health Clinics and Targeted Case Management Agencies**

FROM: Paul Swatsenbarg, Deputy Administrator

SUBJECT: **PROVIDER STAFF AFFILIATION ROSTER UPDATES**

The process for updating staff affiliation rosters has been changed. Previously, Mental Health Clinics and Mental Health Case Management providers were instructed to send in periodic updates of their Clinical Staff Affiliation Rosters, as part of their provider applications, to the Division of Medicaid's Alternative Care Coordinator for Mental Health Services. This involved sending in the names and supporting licensure documentation for staff members who were being added or removed to agency rosters in order to signify a change in the agency staffing.

Beginning July 1, 2003, agencies will no longer be required to send in updates to Medicaid of their staff affiliation rosters. Instead, agencies will continue to be responsible to review IDAPA rules applicable to their respective programs and ensure staffing qualification compliance. Agencies must maintain documentation of staff qualifications, including current licensure, in agency employee records to support claims payment. Agencies are also responsible for assuring that mental health providers have the necessary qualifications to provide mental health services to Medicaid recipients. Services performed by unqualified affiliated staff will not be paid for by Medicaid.

For specific staff qualification requirements, please refer to IDAPA rule sections 16.03.09.481 for Targeted Case Management services and 16.03.09.466.04 for Mental Health Clinic services.

If you have further questions regarding the information in this notice, please contact Carolyn Burt-Patterson in the Medicaid Customer Service unit at (208) 364-1827.

Thank you for your continued participation in the Idaho Medicaid Program.

June 2, 2003

MEDICAID INFORMATION RELEASE MA03-42

TO: **All Personal Care Services (PCS) Providers**

FROM: PAUL SWATSENBARG, Deputy Administrator

SUBJECT: **NEW PAYMENT RATES EFFECTIVE JULY 1, 2003**

Effective July 1, 2003, Medicaid will make some changes to its reimbursement for Personal Assistance Services (personal care and attendant services). As required by Idaho Code and IDAPA 16.03.09.148, the Department conducted a salary survey to calculate the new rates. The maximum allowable amounts are based on wages and salaries paid for comparable positions within nursing facilities and intermediate care facilities for the mentally retarded (ICF/MRs). **NOTE: Services provided on or before June 30, 2003, must be billed separately from services provided on or after July 1, 2003. There may be an error in your payment if you do not submit separate claim forms.**

The new rates are listed below by procedure code.

SUPERVISORY RN CODES:

0501P	Client Evaluation and Plan Development - Agency	$ 65.82
0503P	RN Supervising Visit - Agency	$ 32.07

SUPERVISORY QMRP CODES:

0513P	Client Evaluation and Plan Development / Agency	$ 89.53
0514P	QMRP Supervisory Visit / Agency	$ 29.84

PERSONAL ASSISTANCE SERVICE PROVIDER CODES:

AGENCY PROVIDERS

0541P	Hourly Services	$ 3.35/15 min unit
0641P	24-Hour Care - 1 Client	$ 69.91/day
0741P	24-Hour Care - 2 Clients	$ 60.07/day per client

LISCENSED FOSTER HOME

0643P	24-Hour Care - 1 Client - Home of Provider	$ 66.83/day
	(Children under Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) only)	
0743P	24-Hour Care - 2 Clients - Home of Provider	$ 49.09/day per client
	(Children under EPSDT Program only)	

HOME AND COMMUNITY BASED SERVICES:

0646P	Attendant Care	$ 3.35/15-minute unit
0670P	RN Supervising Visit	$ 32.07

If you have questions about this process, please contact your Regional Medicaid Services office. Thank you for your participation in the Idaho Medicaid Program.

PS/ea

EDS
P.O. Box 23
Boise Idaho 83707

PRSRT STD
U.S. POSTAGE PAID
BOISE, ID
PERMIT NO. 220

IDAHO DEPARTMENT OF HEALTH & WELFARE

Attention: Business Office

July Office Closure

The Department of Health and Welfare and EDS offices will be closed for the following State holiday:

Independence Day, July 4, 2003

A reminder that MAVIS (Medicaid Automated Voice Information Service) is available on State holidays at:

1-800-685-3757 (toll-free) 1-208-383-4310 (Boise local)

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:
Becca Ruhl,
Division of Medicaid

Cynthia Brandt,
Publications Coordinator,
EDS

If you have any comments or suggestions, please send them to:

ruhlb@idhw.state.id.us

or

Becca Ruhl
DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036

Fax: (208) 364-1911

MedicAide
An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid August 2003

In this issue:

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

New PES Training Labs Scheduled

Responding to strong provider interest, EDS and the Department of Health and Welfare continue to offer training opportunities to providers for the new Provider Electronic Solutions (PES) software. Regional PES labs will be held in August for Idaho Medicaid providers to gain hands-on experience and learn about the PES software. Training will be offered on August 4, 6, 8, 12, and 14.

PES can be used to check Idaho Medicaid eligibility and submit claims. EDS regional Provider Relations Consultants will train providers in how to:

- Install the PES application.
- Submit eligibility transactions.
- Use the Idaho PES Handbook.
- Save data lists in PES.
- Submit Medicaid claims using the software.

Training will be held at the DHW regional offices. Pre-registration is required as space is limited. Please contact your regional provider relations consultant to register. Contact information for provider relations consultant can be found on page 5 of this newsletter.

Idaho Medicaid Program

In early October, providers will receive a new CD that contains the updated *Idaho Medicaid Provider Handbook* and Provider Electronic Solutions (PES) software. Both the handbook and the PES software have been updated to include the latest HIPAA billing requirements and changes in Idaho Medicaid policies.

All providers using the new PES software will be able to check eligibility including service limitations. They will also be able to submit claims including voids and replacements. With this release, the old ECMS-PC software becomes obsolete effective October 18, 2003. Included on the CD will be:

- an updated PES handbook with expanded installation and troubleshooting sections
- two upgrades to PES for providers currently using the May 2003 version (July and October upgrades)

Providers using the May 2003 version will not reinstall the entire program; instead they will apply the upgrades to their existing program. This will alleviate providers needing to rekey their lists.

Providers using the handbooks on the CD can copy them to their desktop computer(s) for use, print paper copies of all the materials they want, and complete forms online to be printed and mailed. Providers who are unable to use the CD will be able to request a paper copy of the provider handbook for their provider specialty.

PES Version 2.30 Upgrade Now Avaliable

Effective July 7, 2003, an upgrade was available for the Provider Electronic Solutions (PES) software. A summary of the enhancements and who is affected follows:

- All Providers: PES now calculates the units times the per unit charge to equal the total billed for the service detail.
- All Providers: Previously you were not able to view an eligibility batch response file that was greater than 32K. You will now be able to view eligibility response files greater than 32K.
- Dental Providers: Dental services billed using Place of Service 21, 22, or 31 require the provider to complete the Service Facility Location information. The user must complete the new Service Facility Location section on Header 3 in the 837 Dental form only if the place of service is 21, 22, or 31.
- Dental Providers: A new edit has been added to PES that requires the provider to include the Appliance Placement date when the Placement Indicator is selected on Service 1 in the 837 Dental form. The Appliance Placement date is located on Service 1 on the 837 Dental form.
- Dental and Professional Providers: The Referral Number field on Header 2 is now a protected field unless you are billing for a client who was referred to your facility and the Referring Provider field is completed. When billing for a client who has been referred, you must indicate the Referring Provider information on Header 2 of the 837 Dental or 837 Professional form.
- Nursing Home Providers: PES offers a feature to nursing home providers, which allows the provider to copy a previously submitted batch of claims and save those claims as new claims in a ready to transmit status indicated by an R in the Status field on the form. The provider may then manually change each of the claims, or select Edit All to change the dates of service and the number of units for all claims in a status of R. What is new about this process is that the software will automatically calculate the new units time the per unit price to equal the new total charge and delete any other insurance information for the client. The provider will then need to add the other insurance information back to the individual claim for the dates of service, if needed.
- Ambulance Providers: The Admission Date is a required field to complete if using Condition Code 01 "Patient was admitted to a hospital".

To obtain this upgrade you must have the PES software installed and you must have an analog modem. The instructions on page 4 of this newsletter explain how to download the new version of PES and upgrade your current PES software. Allow approximately 30 minutes to complete the download.

Continued on page 2

Using *vendor software* or a *clearinghouse* to submit claims or check eligibility?
Providers - be sure to ask your vendor or clearinghouse to verify they have successfully tested claims and eligibility with EDS well before October 16, 2003. You will need to take delivery of new software or upgrade current software in time to learn the new processes and fields before October 16, 2003. If your vendor or clearinghouse will not have tested successfully prior to October 16, 2003, consider using the Idaho Medicaid Provider Electronic Solutions (PES) software. This software can be used to check eligibility on Idaho Medicaid clients and to submit Idaho Medicaid claims.
Don't wait - check with your vendor or clearinghouse now!

DHW Phone Numbers Addresses Web Sites

DHW Websites:
www.idahohealth.org
www2.state.id.us/dhw
www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

DHW Customer Service
(800) 378-3385
(208) 334-5795

Idaho Careline
211 (not available in all areas)
(800) 926-2588

Provider Fraud and Utilization Review
P. O. Box 83720
Boise, ID 83720-0036
(866) 635-7515 (toll free)
(208) 334-0675
Email:
~medicaidfraud&sur@idhw.state.id.us
(note: begins with ~)
Internet:
www2.state.id.us/dhw/Medicaid/providers/fraud.htm

Healthy Connections
Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766
Region II - Lewiston
(208) 799-5088
(800) 799-5088
Region III - Caldwell
(208) 455-7280
(800) 494-4133
Region IV - Boise
(208) 334-4676
(800) 354-2574
Region V - Twin Falls
(208) 736-4793
(800) 897-4929
Region VI - Pocatello
(208) 239-6260
(800) 284-7857
Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945
Spanish Speaking
(800) 862-2147
Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5795
(800) 378-3385

Prior Authorization Phone Numbers Addresses Web Sites

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

EMS Review Unit
(800) 362-7648
(208) 334-2484
Fax
(800) 359-2236
(208) 334-5242

PCG
P.O. Box 2894
Boise, ID 83701
(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

Pharmacy
P.O. Box 83720
Boise, ID 83720-0036
(877) 200-5441 (toll free)
(208) 364-1829
Fax (208) 364-1864
Web: www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

Qualis Health (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax (800) 826-3836 or
(206) 368-2765

Qualis Health Website
www.qualishealth.org/idahomedicaid.htm

Transportation Prior Authorization Unit
(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

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Get Upgrades

Get Upgrades will dial the Bulletin Board System (BBS) and download any new upgrades. EDS will inform users through RA banner messages when an upgrade is available. The user must first download the upgrade and then apply the upgrade according to the instructions below. Except for the catastrophic corruption or loss of the PES application on your computer, you should never need to re-install PES. Always use the upgrade function.

Note: Upgrades must be downloaded in the order they are available. If you happen to miss an upgrade and then see that a newer upgrade is available, the system will prompt you to first download missing upgrades.

If you have installed the application on several PCs, you will need to copy the upgrade file to each PC and apply the upgrade individually.

Before beginning the upgrade process, it is recommended that you turn off any anti-virus software running in the background and turn it back on after the upgrade process is complete.

Download Upgrade

Step 1 Select "Tools" from the main menu and then "Get Upgrades". The software will begin the dialing sequence, connect to the BBS (Bulletin Board System), and download any new available upgrades to the program folder on your hard drive. You will see the following sequence of messages while the system is checking the BBS for upgrades:

Dialing the host…..

Connecting to the network….

Logon to BBS…..

Checking for upgrade files….

Upgrade downloading (if there is a new upgrade) or *No Upgrades found….*

Logoff

1 upgrade available (if there is a new upgrade) or *No upgrades available to apply.*

Download Upgrade

Step 2 Return to the PES application by selecting "OK".

Step 3 Close the PES application and follow the instructions to apply the upgrade.

Apply Upgrade

Step 1 Exit all applications prior to applying the upgrade.

Step 2 Select the "Start" button; then select "Programs".

Step 3 Locate and select "ID EDS Provider Electronic Solutions".

Step 4 Locate and select "Upgrade". You will be prompted to exit all applications prior to continuing with the upgrade.

Step 5 Since you have exited all applications, select "Yes" to apply the upgrade. Continue to answer the questions until the upgrade has been completed. This usually takes less than one minute.

Step 6 Once the upgrade is complete, select the "Finish" button. The Upgrade application will close. After the upgrade is complete, you may access the PES application and continue your work as usual.

September Changes to Local Codes

On September 1, 2003 many of the Idaho State-only/local codes will be transitioned to national HIPAA-compliant standard codes. Providers will be notified of the specific September 1, 2003 changes to acceptable procedure billing codes via the following sources:

August *MedicAide* Newsletter (this issue). Notification of the specific HIPAA-compliant standard codes that will be transitioned from Idaho State-only/local codes, effective September 1, 2003, is included in this newsletter as Information Releases. Please review them to determine if you are impacted by these changes.

Idaho Medicaid Provider Handbook. In late August the provider handbook will be updated to include the HIPAA-compliant standard codes that will be transitioned from Idaho State-only/local codes on September 1, 2003.

http://www2.state.id.us/dhw/medicaid/provhb/index.htm Providers can access these changes to the provider handbook in late August on the Idaho Division of Medicaid web site link.

Idaho Provider Electronic Solutions (PES) CD. The September HIPAA-compliant standard codes will be included in the Idaho Medicaid Provider Handbook on the PES CD, which will be mailed to providers in October 2003.

Submitted by DHW HIPAA Project

October Changes to Local Codes

In October 2003 the remainder of the Idaho State-only/local codes will be transitioned to national HIPAA-compliant standard codes. Providers will be notified of the specific October 2003 changes to acceptable procedure billing codes via the following sources:

- **September MedicAide Newsletter** (next month's issue). Notification of the specific HIPAA-compliant standard codes that will be transitioned from Idaho State-only/local codes, effective October 2003, will be included in the September MedicAide newsletter as Information Releases.
- **Idaho Medicaid Provider Handbook.** In October 2003, the provider handbook will be updated to include the HIPAA-compliant standard codes.
- **http://www2.state.id.us/dhw/medicaid/provhb/index.htm** Providers can access these changes to the provider handbook in October on the Idaho Division of Medicaid web site link.
- **Idaho Provider Electronic Solutions (PES) CD.** The October HIPAA-compliant standard codes will be included in the Idaho Medicaid Provider Handbook on the PES CD, which will be mailed to providers in October 2003.

Submitted by DHW HIPAA Project

Attention Providers:
The Fee Schedule has been updated and is available on the Web at: http://www2.state.id.us/dhw/medicaid/fee_schedule.htm

EDS Phone Numbers Addresses

MAVIS
(800) 685-3757
(208) 383-4310

EDS
Correspondence
PO Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
PO Box 23
Boise, ID 83707
PCS & ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Fax Numbers
Provider Enrollment
(208) 395-2198
Provider Services
(208) 395-2072

Client Assistance Line
Toll free: (888) 239-8463

HIPAA

DHW HIPAA Project

Mail:
DHW HIPAA Project
DHW
PO Box 83720
Boise, ID 83720-0036

Email:
HIPAAComm@idhw.state.id.us

Fax:
DHW HIPAA Project
(208) 334-0645

Internet:
www.idahohealth.org
(select H&W HIPAA quicklink)
or
www2.state.id.us/dhw/hipaa/index.htm

Software Testing:
(866) 301-7751

EDS Phone Numbers Addresses

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., # 102
Coeur d'Alene, ID 83814

prudie.teal@eds.com
(208) 666-6859
(866) 899-2512 (toll free)
Fax (208) 666-6856

Region 2
JoAnn Woodland
1118 F Street
P.O. Drawer B
Lewiston, ID 83501

joann.woodland@eds.com
(208) 799-4350
Fax (208) 799-5167

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605

mary.jeffries@eds.com
(208) 455-7162
Fax (208) 454-7625

Region 4
Jane Hoover
1720 Westgate Drive, # A
Boise, ID 83704

jane.hoover@eds.com
(208) 334-0842
Fax (208) 334-0953

Region 5
Penny Schell
2241 Overland Avenue
Burley ID 83318

penny.schell@eds.com
Burley: Tuesday & Friday
(208) 677-4002

Twin Falls: Mon, Wed, Thurs
(208) 736-2143
Fax (208) 678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201

sheila.lux@eds.com
(208) 239-6268
Fax (208) 239-6269

Region 7
Bobbi Woodhouse
150 Shoup Avenue
Idaho Falls, ID 83402

bobbi.woodhouse@eds.com
(208) 528-5728
Fax (208) 528-5756

Updated FAQs Available on the Department's HIPAA Website!

Be sure to visit the Frequently Asked Question (FAQ) section on the Department's HIPAA website. Many additional questions and answers have been added in response to our having heard from you. If you do not have internet access, you may request a printed copy of the FAQs by calling MAVIS at (800) 685-3757 or (208) 383-4310 in the local Boise area. Say the word "AGENT" to speak to a Provider Service Representative and request the HIPAA FAQs. Information in the FAQs will answer questions relating to:

- HIPAA Transaction and Code Set compliance.
- Pharmacy: new HIPAA electronic pharmacy transaction.
- Pharmacy: changes related to collecting other insurance information.
- Provider Electronic Solutions (PES) software, which is the new Idaho Medicaid/EDS software used for verifying eligibility and service limitations, and for submitting HIPAA-formatted professional, dental, institutional and retail pharmacy claims.

For example, the PES section includes questions about loading the software, password and submitter ID, verifying eligibility, submitting claims, entering and using lists, and taxonomy codes, to name a few. The PES Handbook is on the CD you received that contains the software application and is your primary source for detailed information about using PES.

Make the HIPAA website, **http://www2.state.id.us/dhw/hipaa/index.htm,** a favorite in your website links. The Department's HIPAA website is sponsored by Idaho Medicaid and the HIPAA Project Team.

Submitted by DHW HIPAA Project

POS Terminals Available September 1

As you are aware, the Point of Service (POS) terminals and printers that many providers were using to verify their patient's Medicaid eligibility became obsolete as of the first of May. Beginning September 1, 2003, the Department will start replacing the old POS terminals for those providers who wish to continue using the swipe card technology to verify eligibility. The new terminals have the printer built in, will have all the same functionality as the old ones, and are HIPAA-compliant. The old terminals are being replaced at no cost to the provider.

We have made arrangements with a company in Texas to recycle the old terminals and printers and ask that you help us offset the cost of the new machines by sending your old terminals, printers, and cords to:

Teertronics
ATTN: Shawn Teer
3207 Skylane Drive Suite 101
Carrollton, TX 75006

Please send the devices through United Parcel Service (UPS). Teertronics will cover all mailing costs. Please use UPS #512R8V. Unless UPS has a regular pick up for your office, please do not call them to come and pick up the package; but rather take the package to a UPS location. There is an additional $10.00 charge when you call UPS to pick up. Please do not send the package overnight or next day express. Also, it is important that you include your full provider name, address, and Medicaid provider number so that the Department can get credit for your returned terminal and printer.

If you have any questions regarding the recycling of old devices or you want to receive one of the new ones, contact DeeAnne Moore at moored@idhw.state.id.us or (208) 364-1947. If you received a letter from the Department within the past month regarding POS devices, then you are already on the mailing list for a new device.

Submitted by *DHW*

June 20, 2003

Medicaid Information Release 2003-36

TO: **Dental, FQHC, and Case Management Providers**
ICF/MR Facilities and Long-Term Care Providers

FROM: Paul Swatsenbarg, Deputy Administrator

SUBJECT: **ADULT DENTAL POLICY EFFECTIVE JULY 1, 2003**
DENTURIST CDT-4 CHANGES

Effective for dates-of-service on or after July 1, 2003, Medicaid adults, persons past the month of their twenty-first (21) birthday, will be covered for the dental CDT-4 procedures listed in the table below. Adult clients no longer must be considered high-risk or that the services are emergent. Only the services listed in the table below are a benefit of the adult dental program. To access the *Rules Governing the Medical Assistance Program*, Section 915, please access the following link:

http://www2.state.id.us/adm/adminrules/rules/adapa16/0309.pdf

Adult Dental Services										
D0120		D2160		D3221		D5510		D5751		D7971
D0140		D2161		D4341		D5520		D5760		D9110
D0150		D2330		D4342		D5610		D5761		D9220
D0210		D2331		D4355		D5620		D7111		D9221
D0220		D2332		D4910		D5630		D7140		D9230
D0230		D2335		D5110		D5640		D7210		D9241
D0270		D2390		D5120		D5650		D7220		D9242
D0272		D2391		D5130		D5660		D7230		D9310
D0274		D2392		D5140		D5670		D7240		D9410
D0277		D2393		D5211		D5671		D7241		D9420
D0330		D2394		D5212		D5730		D7250		D9440
D1110		D2920		D5410		D5731		D7286		D9930
D1204		D2931		D5411		D5740		D7510		0515D
D2140		D2940		D5421		D5741		D7910		
D2150		D3220		D5422		D5750		D7970		

Clients with Eligibility Restrictions

QMB: Clients who are on the Medicaid "Qualified Medicare Beneficiary (QMB)" program only, and are on no other active Medicaid program, are not covered for Medicaid dental services.

PWC: Clients who are eligible for the Pregnant Women and Children (PWC) program are only covered for the CDT-4 procedures listed in the table below.

PWC Dental Services										
D0140		D2940		D4355		D7220		D9110		D9930
D0220		D3220		D7111		D7230		D9310		
D0230		D4341		D7140		D7250		D9420		
D0330		D4342		D7210		D7510		D9440		

Continued on page 7

Information Release 2003-36 continued from page 6

Clients Residing in an ICF/MR Facility
For services on or after **July 1, 2003**, dental providers should submit claims directly to Medicaid. For services covered by Medicaid, the dental provider must accept Medicaid payment as payment in full. ICF/MR facilities no longer need to pay dental claims for preventive and routine services since these procedures are part of the Medicaid dental coverage package.

Denturist CDT-4 Changes Effective October 20, 2003
Due to the Requirement of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), transactions and codes must be consistent throughout the country. Idaho, along with all other states, has used local state-only codes to pay for and report services not covered in the national ADA codebook (CDT-4). Idaho Medicaid, by becoming HIPAA compliant, will no longer accept state-only codes for services. Effective for dates-of-service on and after **October 20, 2003**, the local denturists' codes (identifiable as ending with "D") will become obsolete. Denturists must report services using the appropriate CDT-4 codes for dates-of-service on or after October 20, 2003. Providers will receive notification in September regarding the CDT-4 changes.

If you have questions regarding the information in this notice, please contact Colleen Osborn (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

Note: a copy of the notification sent to Medicaid clients is available on the Internet.

Information Releases on Web

To obtain a copy of any current information release, please check the DHW website at **www2.state.id.us/dhw** and select **Medicaid**.

If you do not have access to the Internet or do not see the specific release listed and would like a copy, please call (208) 334-5795.

The following information releases were sent directly to providers. They are available on the Internet at the DHW website.

IR	To	Subject	Date Mailed
2003-50	Rural Health Clinics Federally Qualified Health Centers (FQHCs) Indian Health Providers	Clarification on Billing Encounters	June 30, 2003
2003-52	School Districts	Rate Increase for School Districts Providing Medicaid Services	July 1, 2003
2003-53	Pharmacy Providers	Billing Pharmacy Claims With Other Insurance	June 14, 2003

August 1, 2003

Medicaid Information Release 2003-45

TO: **Physicians, Osteopaths, Mid-level Practitioners, Public Health Departments**

FROM: Kathleen P. Allyn, Deputy Administrator

Subject: **Immunization Guidelines**
Public Health Department Local/State Codes

Requirements of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), require transactions and codes be consistent throughout the nation. Idaho, along with all other states, have used local state-only codes to pay for and report services not covered in the national coding books (HCPCS or CPT). Idaho Medicaid, by becoming HIPAA compliant, will no longer be accepting reporting of the state-only codes for immunization services.

*Effective for dates-of-service on or after **September 1, 2003**:* Two new modifiers have been created for vaccines provided through the Vaccines for Children (VFC) program. Modifier SL must be billed with the CPT code for the vaccine and modifier U7 must be billed with administration code 90471. Providers are no longer required to report additional vaccine administrations with CPT 90472. These instructions only apply to vaccines supplied from the VFC program.

Administration of a Free Vaccine
When only a free vaccine(s) is administered, the Medicaid claim must include the following information:

- The appropriate CPT code for the vaccine with *modifier SL* billed at a zero dollar ($0.00) amount; and
- Administration code 90471 with *modifier U7* (one unit)

Note: Administration services should be billed at the UCR (Usual and Customary Rate).

Administration of a Free Vaccine with an Evaluation and Management (E/M) Visit
When a free vaccine(s) is administered in conjunction with an E/M visit, the Medicaid claim must include the following information:

- The appropriate CPT or five-digit HCPCS code for the injectable vaccine; and
- Administration code 90471 for the first vaccine and 90472 for each additional vaccine
- And if applicable, the appropriate Evaluation and Management CPT code with *modifier 25*

Note: Administration and E/M services should be billed at the UCR (Usual and Customary Rate)

Administration of a provider-purchased childhood vaccine with or without an E/M Visit
Services provided should be billed at the UCR (Usual and Customary Rate). When a provider-purchased childhood vaccine is administered to a child less than twenty-one (21) years old, the Medicaid claim must include the following information:

- The appropriate CPT or five-digit HCPCS code for the injectable vaccine; and
- Administration code 90471 for the first vaccine and 90472 for each additional vaccine
- And if applicable, the appropriate Evaluation and Management CPT code with *modifier 25*

Administration of a provider-purchased adult Vaccine with an E/M Visit
When an injection or adult vaccine is administered in conjunction with an E/M visit, Medicaid will pay only for the E/M visit and the vaccine. The administration of the vaccine is inclusive in the E/M visit and not separately billable. Services provided should be billed at the UCR (Usual and Customary Rate). The Medicaid claim must include the following information:

- The appropriate CPT or five-digit HCPCS code for the injectable vaccine; and
- The appropriate Evaluation and Management CPT code billed at the UCR (usual and customary rate)

**if administering a provider-purchased adult vaccine without an E/M visit, bill with the HCPCS or CPT for the vaccine and 90471 and/or 90472, as appropriate.*

Public Health Department Local/State Codes
Effective for dates-of-service on and after **September 1, 2003**, the local/state codes listed below will become obsolete. Also listed are the appropriate CPT (Current Procedural Terminology) codes that correspond to the obsolete state codes.

Continued on page 9

Information Release 2003-45 continued from page 8

Local/State Code	National CPT Code	Description
9633J	90633	Hepatitis A, pediatric/adolescent 2-dose schedule
9634J	90634	Hepatitis A, pediatric/adolescent 3-dose schedule
9647J	90647	Hemophilus influenza b vaccine (Hib) 3-dose schedule
9648J	90747	Hepatitis B vaccine, dialysis or immunosuppressed patients
9669J	90658	Influenza virus vaccine, split, age 3 years and above dosage
9699J	90471	Immunization administration
9700J	90700	Diphtheria, tetanus toxoids, acellular pertussis (DTaP)
9701J	90701	Diphtheria, tetanus toxoids, whole cell pertussis (DTP)
9702J	90702	Diphtheria, tetanus toxoids (DT); child less than 7 years old
9707J	90707	Measles, mumps rubella (MMR), live
9712J	90712	Poliovirus, (OPV), live, for oral use
9712J	90713	Poliovirus, (IPV), inactivated, for subcutaneous use
9716J	90716	Varicella virus, live
9718J	90718	Tetanus, diphtheria toxoids (Td); patient age 7 and older
9720J	90720	Diphtheria, tetanus toxoids, whole cell pertussis, hemophilus influenza B (DTP-Hib)
9731J	90744	Hepatitis B vaccine, pediatric/adolescent, 3-dose schedule
9731J	90746	Hepatitis B vaccine, adult
9737J	90645	Hemophilus influenza b (Hib) 4-dose schedule
9737J	90646	Hemophilus influenza b (Hib) booster use only
9737J	90647	Hemophilus influenza b (Hib) PRP-OMP conjugate 3-dose
9737J	90648	Hemophilus influenza b (Hib) PRP-T conjugate 4-dose
9742J	90371	Hepatitis B immune globulin (HBIg), human

If you have questions regarding the information in this notice, please contact Colleen Osborn (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

KPA/co

Using *vendor software* or a *clearinghouse* to submit claims or check eligibility?

Providers - be sure to ask your vendor or clearinghouse to verify they have successfully tested claims and eligibility with EDS well before October 16, 2003. You will need to take delivery of new software or upgrade current software in time to learn the new processes and fields before October 16, 2003. If your vendor or clearinghouse will not have tested successfully prior to October 16, 2003, consider using the Idaho Medicaid Provider Electronic Solutions (PES) software. This software can be used to check eligibility on Idaho Medicaid clients and to submit Idaho Medicaid claims.

Don't wait - check with your vendor or clearinghouse now!

Continued on page 12

August 1, 2003

Medicaid Information Release MA03-46

To: **Vision Providers**

From: Kathleen P. Allyn, Deputy Administrator

Subject: **Idaho Local / State Only Procedure Codes**

In the past, Idaho has used local state-only codes to pay for and report services not covered in the national coding books (HCPCS or CPT). Federal regulations associated with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require that transactions and codes be consistent throughout the nation. Effective **September 1, 2003**, Idaho will be terminating the following vision state-only code. Effective for dates-of-service on or after **May 1, 2003**, the state-code *0702V* was converted to the appropriate CPT code in the table below.

State Code	National Code	Description
0702V	92100	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day. **Effective May 1, 2003**
1599V	None	Vision miscellaneous code. This code will be terminated **September 1, 2003**

Claims that were denied which included state/local code *0702V*, with date-of-service on or after May 1, 2003, should be resubmitted to EDS. Please resubmit with the appropriate national CPT code *92100*.

If you have questions regarding the information in this notice, please contact Colleen Osborn (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

KPA/co

August 1, 2003

Medicaid Information Release MA03-48

To: **Hearing Aid Providers**

From: Kathleen P. Allyn, Deputy Administrator

Subject: **Idaho Local / State Only Procedure Code**

In the past, Idaho has used local state-only codes to pay for and report services not covered in the national coding books (HCPCS or CPT). Federal regulations associated with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require that transactions and codes be consistent throughout the nation. Effective **September 1, 2003**, Idaho will be converting the following hearing aid state/local code to the appropriate HCPCS code in the table below.

State/Local Code	National HCPCS Code	Description
3600V	V5264	Ear mold/insert, non-disposable, any type

As a reminder, when billing for hearing aid batteries, use HCPCS code **V5266** *Battery for use in hearing device (1 unit = 1 battery).* Maximum allowed is four (4) batteries per month.

If you have questions regarding the information in this notice, please contact Colleen Osborn (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

KPA/co

July 1, 2003

Medicaid Information Release #MA03-49

To: **All Targeted Case Management Service Providers**

From: Kathleen P. Allyn, Deputy Administrator

Subject: **Change In Targeted Case Management Hours**

Beginning July 1, 2003, the hours for Targeted Case Management are being redistributed to *five (5) hours monthly of non-crisis* ongoing case management and *three (3) hours monthly of crisis* ongoing case management. This change was initiated by the Legislature with the addition of $147,900 in General Funds.

The change to five (5) hours of non-crisis ongoing case management and three (3) hours of crisis ongoing case management replaces an earlier guideline of four (4) hours non-crisis and four (4) hours of crisis case management.

The definition of crisis case management, the qualifying criteria and eligibility for additional crisis case management hours beyond the initial five (5) non-crisis hours and three (3) crisis hours remains the same as described in IR #2003-28.

An updated "Request for Additional Crisis Case Management Hours" form is available in the Idaho Medicaid Provider Handbook – Case Management Guidelines at www2.state.id.us/dhw/Medicaid/provhb/s3_toc.pdf.

If you have questions regarding the information in this notice, please contact Carolyn Burt-Patterson at (208) 364-1827. Thank you for your continued participation in the Idaho Medicaid Program.

PS/co

August 1, 2003

Medicaid Information Release MA03-54

To: **All Providers**

From: Kathleen P. Allyn, Deputy Administrator

Subject: **Language Interpretation Reimbursement**

Effective **August 1, 2003**, the new code to use for Language and Deaf Interpretation which encompasses all sign language or oral interpretive services is state-only code **8296A** (Interpretive Services). This code pays $12.16 per 1 (one) hour unit. In addition, there will be no differences in reimbursement if the interpreter is certified, partially certified, or non-certified and providing language services.

The following Idaho Medicaid state-only codes will no longer be accepted for dates of service after July 31, 2003:

8297A – Interpreter, Partially Certified
8298A – Interpreter, Certified

The state-only code (8296A) may be billed by fee-for-service providers only. Hospitals and Institutional providers may not bill with this code since language and interpretive services are considered inclusive. For additional information, please refer to the Idaho Medicaid Provider Handbook Section 2.1.2.4 at: http://www2.state.id.us/dhw/medicaid/provhb/s2_gen_billing.pdf

If you have questions regarding the information in this notice, please contact the Medicaid Customer Service Unit at (208) 334–5795, #0. Thank you for your continued participation in the Idaho Medicaid Program.

KA/mp

Using *vendor software* or a *clearinghouse* to submit claims or check eligibility?

Providers - be sure to ask your vendor or clearinghouse to verify they have successfully tested claims and eligibility with EDS well before October 16, 2003. You will need to take delivery of new software or upgrade current software in time to learn the new processes and fields before October 16, 2003. If your vendor or clearinghouse will not have tested successfully prior to October 16, 2003, consider using the Idaho Medicaid Provider Electronic Solutions (PES) software. This software can be used to check eligibility on Idaho Medicaid clients and to submit Idaho Medicaid claims.

Don't wait - check with your vendor or clearinghouse now!

EDS
P.O. Box 23
Boise Idaho 83707

PRSRT STD
U.S. POSTAGE PAID
BOISE, ID
PERMIT NO. 220

IDAHO DEPARTMENT OF HEALTH & WELFARE

Attention: Business Office

September Office Closure

The Department of Health and Welfare and EDS offices will be closed for the following State holiday:

Labor Day, September 1, 2003

A reminder that MAVIS (Medicaid Automated Voice Information Service) is available on State holidays at:

(800) 685-3757 (toll-free) or (208) 383-4310 (Boise local)

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:
Becca Ruhl,
Division of Medicaid

Cynthia Brandt,
Publications Coordinator,
EDS

If you have any comments or suggestions, please send them to:

ruhlb@idhw.state.id.us

or

Becca Ruhl
DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036

Fax: (208) 364-1911

MedicAide
An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid September 2003

In this issue:

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

Smoking and Diabetes: Stop It, Prevent It

Smoking and Chronic Disease Series

This begins a series of monthly MedicAide articles on smoking and chronic diseases. The focus this month is on diabetes.

At least 70 percent of smokers see a physician each year and more than 50 percent see a dentist. At other times smokers may see nurse practioners, physician assistants, therapists, pharmacists, or other clinicians. Therefore, all clinicians, particularly physicians and dentists, are uniquely poised to intervene and counsel patients who use tobacco.

Intervention is imperative if you are seeing a patient with diabetes. People with diabetes are two to four times more likely to have cardiovascular disease. If they smoke, the risk is even greater for morbidity and premature death due to cardiovascular disease and complications. The vasoconstrictive effects of smoking increase the risk of peripheral vascular disease and lower limb amputations. Smoking also increases the risk of retinopathy and neuropathy. Yet the heightened risk for these complications is not effectively communicated to people with diabetes.

Results from large clinical trials demonstrate that smoking cessation counseling is effective in reducing tobacco use among primary care and hospitalized patients. Smaller studies indicate that smoking cessation counseling for people with diabetes is also effective.

Despite the negative consequences of smoking for a patient with diabetes, in Idaho the rate of smoking among people with diabetes is about the rate of smoking for people without diabetes. And the rate of smoking among Idahoans with diabetes is increasing as illustrated in the following table:

Year	1997	1998	1999	2000	2001
Prevalence among those with diabetes	12.2%	14.3%	14.3%	16.7%	19.7%
Prevalence among those without diabetes	20.3%	20.5%	21.9%	22.6%	19.6%

Smoking prevalence among people with diabetes is a bit higher for people with diabetes who are less than 65 years of age. In 2001, 26.4 percent of people with diabetes age 18-64 were current smokers compared to 10.1 percent of people over 65 years. When adjusting for age, adults with diabetes smoke at a rate of 29 percent compared to the 20 percent statewide smoking prevalence.

Continued on page 2

HIPAA
Health Insurance Portability and Accountability Act
Idaho Department of Health & Welfare

See page 3 for special section on Idaho Medicaid billing changes beginning Saturday, October 18, 2003!

Smoking and Diabetes: Stop It, Prevent It

Continued from page 1

With all the issues to address with patients who have diabetes, smoking cessation may be the most important message. A simple, effective strategy is to use the **Five A's …… Ask, Advise, Assess, Assist, Arrange.**

Ask – screen for tobacco use	Identify and document tobacco use status for every patient at every visit.
Advise to quit	In a clear, strong and personalized manner urge every tobacco user to quit.
Assess willingness to quit	Is the tobacco user willing to make a quit attempt at this time?
Assist with quitting	For the patient willing to make a quit attempt, use counseling and pharmacotherapy to help him/her quit.
Arrange follow-up	Schedule follow-up contact, preferably within the first week after the quit date.

So you have a patient who wants to quit. In Idaho the following community resources are available and free of charge.

- The local health districts offer smoking cessation classes. Call the Idaho Careline for a referral to the appropriate class. The number is (800) 926-2588.
- Idaho QuitNet, sponsored by the Idaho Department of Health and Welfare, is a web-based interactive site to answer questions and provide support about smoking cessation. Check www.Idaho.QuitNet.com.

U.S. Preventive Services Task Force: Counseling to prevent tobacco use. Guide to Clinical Preventive Services. 2nd ed. Baltimore, MD, Williams & Wilkins, 1996, P.597-609

Finding a PA Number on the Notice of Decision Letter

With the implementation of HIPAA changes in October, **all** providers will need to include PA numbers for **all** services that are prior authorized. The PA number is included on the Notice of Decision Letter issued by the Department of Health and Welfare.

You can find the PA number in the top left-hand corner of the letter just below the date and client ID.

Fee Schedule and Pricing Adjustments

The dollar amounts in the published fee schedule do not reflect pricing adjustments that may occur as a result of Idaho Medicaid policies regarding place of service, the use of certain modifiers, or other factors.

Regardless of these factors, it is always the responsibility of the provider to bill appropriately and in accordance with program rules and guidelines. Failure to do so may result in administrative action by the Department including but not limited to recoupment of payment.

The current fee schedule is available at: www2.state.id.us/dhw/medicaid/fee_schedule.htm

Site of Service Differential

Some surgeries and medical procedures are performed at facilities, such as hospitals or surgery centers, and the facility is paid a fee by Medicaid. For those procedures there is an average of 30% reduction in physician reimbursement that is considered a site of service differential.

DHW Phone Numbers Addresses Web Sites

DHW Websites:
www.idahohealth.org
www2.state.id.us/dhw
www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

DHW Customer Service
(800) 378-3385
(208) 334-5795

Idaho Careline
211 (not available in all areas)
(800) 926-2588

Provider Fraud and Utilization Review
P. O. Box 83720
Boise, ID 83720-0036
(866) 635-7515 (toll free)
(208) 334-0675
Email:
~medicaidfraud&sur@idhw.state.id.us
(note: begins with ~)
Internet:
www2.state.id.us/dhw/Medicaid/providers/fraud.htm

Healthy Connections
Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766

Region II - Lewiston
(208) 799-5088
(800) 799-5088

Region III - Caldwell
(208) 455-7280
(800) 494-4133

Region IV - Boise
(208) 334-4676
(800) 354-2574

Region V - Twin Falls
(208) 736-4793
(800) 897-4929

Region VI - Pocatello
(208) 239-6260
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945

Spanish Speaking
(800) 862-2147

Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5795
(800) 378-3385

Prior Authorization Phone Numbers Addresses Web Sites

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

EMS Review Unit
(800) 362-7648
(208) 334-2484
Fax
(800) 359-2236
(208) 334-5242

PCG
P.O. Box 2894
Boise, ID 83701
(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

Pharmacy
P.O. Box 83720
Boise, ID 83720-0036
(877) 200-5441 (toll free)
(208) 364-1829
Fax (208) 364-1864

Web: www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

Qualis Health (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax (800) 826-3836 or
(206) 368-2765

Qualis Health Website
www.qualishealth.org/idahomedicaid.htm

Transportation Prior Authorization Unit
(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

HIPAA
Health Insurance Portability and Accountability Act
Idaho Department of Health&Welfare

Special Section

Idaho Medicaid billing changes beginning Saturday, October 18, 2003

There are a number of changes to Medicaid billing processes that are effective October 20, 2003. This section contains a number of articles about these changes and their direct impact on you. The articles listed below are provided to assist you in preparing for these changes. All articles in this section are submitted by the DHW HIPAA Project.

Idaho Medicaid Billing Changes – October 2003

There are a number of changes to Medicaid billing processes that are effective October 20, 2003. The purpose of this article is to provide an overview of these changes. Please refer to other articles in this issue for additional detail.

Highlights:

HIPAA Compliant Electronic Claim Submission - effective October 20, 2003 all providers submitting electronic claims are required to submit HIPAA compliant 837 transactions to Medicaid.

Prior Authorization (PA) numbers *must* be included on claims for services which require prior authorization. Multiple prior authorization numbers are allowed on electronic professional and dental claims. Paper claims can only bill one prior authorization per claim form.

National HCPCS or CPT procedure codes replace Idaho state-only procedure codes. State-only procedure codes are not allowed for a date of service after October 17, 2003. Refer to the provider handbook on the October 2003 CD or Information Releases included in recent MedicAide newsletters for specific codes and changes. Past issues of newsletters can be found at: http://www2.state.id.us/dhw/medicaid/medicaide/past_issues.htm

Features:

837 Institutional - Ability to accept and process electronic HIPAA 837 claims with up to 999 detail lines.

837 Professional and 837 Dental - Ability to accept and process electronic HIPAA 837 claims with up to 50 detail lines.

Continued on page 4

Local Code Changes Effective October 2003

In the past, Idaho has used local state-only procedure codes to pay for and report services which were not defined in the national coding books (HCPCS or CPT). Federal regulations associated with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require that transactions and codes be consistent throughout the nation. In an effort to ensure Idaho's compliance, local state-only procedure codes are being eliminated. Information releases have been published that detail specific procedure code changes. Please refer to past and current MedicAide newsletters for changes that may impact your billing practices. MedicAide newsletters can be accessed online at: http://www2.state.id.us/dhw/medicaid/MedicAide/past_issues.htm. This information is also available online in the most current version of the Idaho Medicaid Provider Handbook at http://www2.state.id.us/dhw/medicaid/provhb/index.htm or on the CD to be delivered by mail late September 2003.

Coordination of Benefits with Other Insurance and Adjustment Reason Codes (ARC)

Previously providers were required to submit claims with other insurance payments on paper with a copy of the explanation of benefits if the insurance payment was less than 40% of the billed amount (see section 2.4 of the *Idaho Medicaid Provider Handbook*). Effective October 20, 2003, providers may bill these claims electronically **regardless** of the percentage of insurance payment, provided that appropriate adjustment reason codes (ARC) are used to describe other insurance payments, denials, or other actions when submitting the claim. Please refer to section 2.4.4.2 of the provider handbook, or see Information Release #2002-34, dated September 30, 2002 for more detail (available on the Web at: http://www2.state.id.us/dhw/medicaid/inf/2002/02med34.htm).

Please be aware that it is the responsibility of the provider to bill appropriately and in accordance with program rules and guidelines, including the use of adjustment reason codes (ARC) to describe other insurance payments, denials, or other actions. **The ARC used on the electronic claim must be consistent with the information provided by the other insurance.** Provider records may be audited by the Department to verify appropriate use of these codes. Inappropriate use may result in administrative action by the Department including but not limited to recoupment of payment.

Idaho Medicaid Billing Changes

Features (continued from page 3)

PA number sent at header applies to whole claim. PA number sent at detail applies to the specific detail.

Oxygen values - can be sent electronically via the 837.

TPR - detail and header processing so payments can be applied at the header or detail.

Electronic Claim Voids and Replacements - Claim voids and replacements are the electronic equivalent of the paper adjustment process. At this time there is no change to the paper adjustment request form or process.

835 Electronic RA - The current 835 will be upgraded to be HIPAA compliant. Only the paper RA will include the Medicaid specific EOBs.

4th modifier - Ability to include up to 4 modifiers on electronic professional or institutional HIPAA 837 claims to further define the specific service rendered.

EDS Phone Numbers Addresses

MAVIS
(800) 685-3757
(208) 383-4310

EDS
Correspondence
PO Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
PO Box 23
Boise, ID 83707
PCS & ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Fax Numbers
Provider Enrollment
(208) 395-2198
Provider Services
(208) 395-2072

Client Assistance Line
Toll free: (888) 239-8463

HIPAA

DHW HIPAA Project

Mail:
DHW HIPAA Project
DHW
PO Box 83720
Boise, ID 83720-0036

Email:
HIPAAComm@idhw.state.id.us

Fax:
DHW HIPAA Project
(208) 334-0645

Internet:
www.idahohealth.org
(select H&W HIPAA quicklink)
or
www2.state.id.us/dhw/hipaa/index.htm

Software Testing:
(866) 301-7751

EDS Phone Numbers Addresses

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., # 102
Coeur d'Alene, ID 83814

prudie.teal@eds.com
(208) 666-6859
(866) 899-2512 (toll free)
Fax (208) 666-6856

Region 2
JoAnn Woodland
1118 F Street
P.O. Drawer B
Lewiston, ID 83501

joann.woodland@eds.com
(208) 799-4350
Fax (208) 799-5167

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605

mary.jeffries@eds.com
(208) 455-7162
Fax (208) 454-7625

Region 4
Jane Hoover
1720 Westgate Drive, # A
Boise, ID 83704

jane.hoover@eds.com
(208) 334-0842
Fax (208) 334-0953

Region 5
Penny Schell
2241 Overland Avenue
Burley ID 83318

penny.schell@eds.com
Burley: Tuesday & Friday
(208) 677-4002

Twin Falls: Mon, Wed, Thurs
(208) 736-2143
Fax (208) 678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201

sheila.lux@eds.com
(208) 239-6268
Fax (208) 239-6269

Region 7
Bobbi Woodhouse
150 Shoup Avenue
Idaho Falls, ID 83402

bobbi.woodhouse@eds.com
(208) 528-5728
Fax (208) 528-5756

New Idaho Medicaid CD Available in September

In late September, providers will be receiving a new Idaho Medicaid CD in the mail. This CD replaces the one distributed in April. It includes the updated electronic billing software, PES, and the updated *Idaho Medicaid Provider Handbook*. The CD will be mailed to the address where you have chosen to receive your remittance advices.

Provider Electronic Solutions (PES), Version 3.0

PES, the EDS/Medicaid electronic billing and eligibility software, is also being upgraded. New features include: electronic crossover claims, electronic claim voids and replacements (electronic equivalent of the paper adjustment process), and electronic submission of oxygen and home health claims. Providers who have never installed and used PES will be able to install version 3.0. Providers who have already installed and used PES will need to apply the **upgrades** that are also on the CD, in order to take advantage of the new PES features.

Idaho Medicaid Provider Handbook

The provider handbook is being updated to include Medicaid policy changes, HIPAA-related revisions to codes, and additional information on electronic billing requirements.

The handbook can be used on a PC, copied to multiple computer terminals in a large office, and printed as needed. As an added feature in the Forms Appendix, all of the forms can now be completed on a PC before printing and mailing. The most recent version of the *Idaho Medicaid Provider Handbook* is also available online at: http://www2.state.id.us/dhw/medicaid/provhb/index.htm.

October 2003 Idaho Medicaid Billing Instructions

This document provides an overview of differences a provider will see between the current **electronic** billing format and the **HIPAA** electronic billing format for professional, institutional, and dental claims submitted to Idaho Medicaid. Providers will see these differences on all electronic claims submitted in the HIPAA format as of October 20, 2003. This document does **not** address pharmacy transactions. Refer to your *Idaho Medicaid Provider Handbook* for complete information.

Using *vendor software* or a *clearinghouse* to submit claims or check eligibility?
Providers - be sure to ask your vendor or clearinghouse to verify they have successfully tested claims and eligibility with EDS well before October 16, 2003. You will need to take delivery of new software or upgrade current software in time to learn the new processes and fields before October 16, 2003. If your vendor or clearinghouse will not have tested successfully prior to October 16, 2003, consider using the Idaho Medicaid Provider Electronic Solutions (PES) software. This software can be used to check eligibility on Idaho Medicaid clients and to submit Idaho Medicaid claims.
Don't wait - check with your vendor or clearinghouse now!

Provider Electronic Solutions (PES) – October 2003

On October 20, 2003, PES, the EDS/Medicaid electronic billing and eligibility software, will be upgraded. Providers will receive the Idaho Medicaid CD containing the upgraded PES software in late September. The CD will be mailed to the address where you have chosen to receive your remittance advices. The new features of PES include:

- Electronic Medicare Crossovers for both 837 Professional and Institutional claim forms.
- Prior Authorization information at both the header and at the detail on the 837 Professional and 837 Dental claims.
- Electronic claim voids or replacements (electronic equivalent of a paper adjustment) for all 837 Professional, Institutional, and Dental claims.

In addition, the following changes will be implemented:

- National code set values, including place of service and procedure codes.
- NDC information on the 837 Professional and Institutional claims will be required when billing certain drug related HCPCS or CPT Codes.
- Electronically billed oxygen claims will require the oxygen certification information to be completed for the transaction.

NOTE: Providers who have never installed and used PES will be able to install version 3.0. Providers who have already installed and used PES will need to apply the **upgrades** that are also on the CD to take advantage of the new PES features.

Refer to the PES handbook for additional information on how to use these features in PES after October 20, 2003. The revised version of the PES handbook will be sent to all providers on CD ROM in late September, or can be viewed online at the Idaho HIPAA website http://www2.state.id.us/dhw/hipaa/providers2.htm or at the Idaho Medicaid website http://www2.state.id.us/dhw/medicaid/provhb/index.htm.

September – October 2003…
Opportunities for Hands-On PES Software Training

Since last April, hundreds of Medicaid providers have taken advantage of the Provider Electronic Solutions (PES) labs that have been offered across the state. These training sessions gave participants the opportunity to test drive the new Medicaid software at a PC with instruction and guidance from their regional EDS Provider Relations Consultant. Feedback from these sessions indicate that time was well spent, and that the "Hands-on" environment was conducive to learning, asking questions, and getting familiar with the software in a way that made the transition much easier than just reading about it in a book or newsletter. We even had one provider tell us that the PES labs made the transition to the new software "painless". Considering the complexities of Medicaid billing and the changes HIPAA has mandated, that says a lot!

In preparation for even more significant changes coming on October 20, 2003, EDS and the Department of Health and Welfare are preparing another round of hands-on training that will cover the PES software as well as HIPAA mandated changes that are important to all electronic billers, **regardless if they are using PES or other software**. Additional changes covered include new required data elements, the option to submit an electronic claim void or replacement (electronic equivalent of the paper adjustment process), the option to submit Medicare crossover claims electronically, and much more.

Sessions will be offered statewide both morning and afternoon on the following dates:

Wednesday, September 24	Wednesday, October 8
Friday, September 26	Friday, October 10
Tuesday, September 30	Tuesday, October 14
Thursday, October 2	Thursday, October 16
Monday, October 6	

Please contact your local EDS Provider Relations Consultant to reserve space in one of these sessions. Contact information for your regional consultant is found on page 5 of this newsletter.

HIPAA-Related Revisions to the Provider Handbook

In late September, when the revised provider handbook is distributed as part of the new CD, it will include many revisions. Among those revisions will be a number of HIPAA-related revisions listed below:

Section 2 - General Billing:

- The Electronic Claims Submission section includes references to the new electronic HIPAA 837 claim transaction.
- The Prior Authorization section includes an explanation of the different ways in which providers can send multiple PA numbers on an electronic claim. There will also be a reminder to providers that when billing for services that require prior authorization, the PA number must be indicated on the claim.
- The Adjustment section will reference the new frequency codes providers must use when submitting electronic claim voids or replacements. Use frequency code 8 for voids and 7 for replacements.

Section 3 Provider Handbooks:

- Codes referenced in section 3 of the provider handbooks that previously listed state-only procedure codes will be revised to include the new national standard HIPAA-compliant codes, as well as any changes to modifiers.
- The claim billing section, which appears at the end of each section 3 provider handbook, has been slightly redesigned to highlight the differences between electronic and paper billing for that provider type.
- Many of the handbooks will include revisions to the Place of Service Codes.
- The Hospital handbook will include revisions to the Type of Bill Codes and Patient Status Codes.
- The Dental handbook includes new Oral Cavity Designations for both electronic and paper billing.
- The Dental handbook also includes a reminder that while HIPAA requirements allow for multiple tooth designations per detail, Idaho does not. This represents no change in Idaho Medicaid policy.
- The Medical Vendor handbook references that beginning mid-October 2003, oxygen information can be submitted electronically via the 837 professional claim transaction.
- The Transportation handbook references the ambulance information required by Idaho Medicaid when submitting an 837 claim transaction.

Section 4 - Remittance Advice

- The RA sections will include new information regarding the electronic remittance advice (ERA).

Providers can find the above HIPAA changes in the provider handbook on the CD that will be mailed in late September. The provider handbook is also available on the Idaho Division of Medicaid web site link: http://www2.state.id.us/dhw/medicaid/provhb/index.htm

OCTOBER 2003			Idaho Medicaid HIPAA TCS Implementation Schedule			
Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
			1	**2**	**3**	**4**
5	**6**	**7**	**8**	**9**	**10**	**11** Interactive pharmacy claims and electronic eligibility inquiry service interruption starts at 10:00 P.M. MST and ends at 1:00 A.M. MST
12	**13** No adjustments processed	**14** No adjustments processed	**15** No adjustments processed	**16** No adjustments processed	**17** **Last day to submit electronic claims in non- HIPAA format!** No adjustments processed	**18** Do not recommend sending electronic claims until Oct 20 12:00 A.M. MST Interactive pharmacy claims and electronic eligibility inquiry service interruption starts No adjustments processed
19 Do not recommend sending electronic claims until Oct 20 No adjustments processed	**20** **Non-HIPAA formatted electronic claims rejected** Electronic void and replace available Adjustments processed Interactive pharmacy and electronic eligibility requests available	**21**	**22**	**23**	**24**	**25**
26	**27** Electronic Remittance Advice (835) now in HIPAA 4010 A1 format	**28**	**29**	**30**	**31**	

IR	To	Subject	Page
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Information Releases on Web

To obtain a copy of any current information release, please check the DHW website at **www2.state.id.us/dhw** and select **Medicaid**. If you do not have access to the Internet or do not see the specific release listed and would like a copy, please call (208) 334-5795.

Clarification of Information Release 2003-53

When an insurance company requires the client to pay the full prescription price first – please do not collect the payment from the client. Medicaid will provide reimbursement to the pharmacy and will then coordinate benefits with the other insurance. Please reference IR 2003-53 for additional billing instructions that can be found in the August *MedicAide* newsletter or on the Internet at http://www2.state.id.us/dhw/medicaid/inf/2003/03med53.htm

September 1, 2003

Medicaid Information Release MA03-47

TO: **Non-Emergency and Medical Transportation Providers**

FROM: Kathleen P. Allyn, Deputy Administrator

SUBJECT: **State-Only Billing Codes for Transportation Services**

In the past, Idaho has used local state-only codes to pay for and report services not covered in the national coding books (HCPCS or CPT). Federal regulations associated with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require that transactions and codes be consistent throughout the nation.

Effective for dates of service on or after **October 20, 2003**, Idaho will be converting the following transportation state-only codes to the appropriate HCPCS or CPT codes. For example, instead of reporting 0001A for non-emergency transportation, effective for dates of service on or after **October 20, 2003**, providers must begin billing with A0100.

Please note that the description for each HCPCS codes has been changed to the national description. Only those codes listed below are impacted. Codes not listed in the tables below remain the same. Please be aware that some codes now require a modifier to be attached to the appropriate HCPCS code.

Current Code	HCPCS Code	PA Required	Description
0001A	A0100	Yes	Non-emergency transportation; taxi (city taxi)
0005A	None		*Code will be terminated October 20, 2003*
0006A	None		*Code will be terminated October 20, 2003*
0105A	T2003	Yes	Non-emergency transportation; encounter/trip (formerly car rental-individual)
0106A	T2003	Yes	Non-emergency transportation; encounter/trip (formerly car rental – commercial)
0111A	None		*Code will be terminated October 20, 2003*
0140A	A0140	Yes	Non-emergency transportation and air travel (private or commercial) Intra- or Inter-state
0705A	T2001	Yes	Non-emergency transportation; patient attendant/escort (salary)
0706A	None		*Code will be terminated October 20, 2003*
1700A	T2004	No	Non-emergency transport; commercial carrier, multi-pass (bus pass)

Current Code	HCPCS Code	Modifier	PA Required	Description (Waiver Services)
0080B	A0080	U8	Yes	Non-emergency transportation, per mile – vehicle provided by volunteer (individual or organization), with no vested interest (formerly DD waiver non-medical)
0080P	A0080	U2	Yes	Non-emergency transportation, per mile – vehicle provided by volunteer (individual or organization), with no vested interest (formerly A & D waiver non-medical)
0080T	A0080	U3	Yes	Non-emergency transportation, per mile – vehicle provided by volunteer (individual or organization), with no vested interest (formerly TBI waiver non-medical)
0090A	S0215	None	No	Non-emergency transportation; mileage, per mile (Individual- under 20 miles)
0095A	S0215	None	No	Non-emergency transportation; mileage, per mile (Agency- under 20 miles)
0096A	S0215	TF	Yes	Non-emergency transportation; mileage, per mile (Individual -21 miles and over)
0097A	S0215	TF	Yes	Non-emergency transportation; mileage, per mile (Agency- 21 miles and over)

Continued from page 10

Modifier	Description
U2	Aged and Disabled Waiver Program
U3	Traumatic Brain Injury Waiver Program
U8	Developmental Disability/ISSH Waiver Program

The table below contains the current codes that are not affected by the October 20, 2003 changes, but are listed for the provider's convenience.

Current Code	PA Required	Description
A0100	Yes	Non-emergency transportation; taxi
A0110	Yes	Non-emergency transportation and bus, intra- or interstate carrier
A0140	Yes	Non-emergency transportation and air travel (private or commercial), intra- or interstate
A0170	No	Transportation, ancillary: parking fees, tolls, other
A0180	Yes	Non-emergency transportation, ancillary: lodging – recipient
A0190	Yes	Non-emergency transportation, ancillary: meals – recipient
A0200	Yes	Non-emergency transportation, ancillary: lodging – escort
A0210	Yes	Non-emergency transportation, ancillary: meals – escort

The Idaho Medicaid Provider Handbook, *Transportation Service Guidelines* can be accessed at the following link: www2.state.id.us/dhw/Medicaid/provhb/s3_toc.pdf. The handbook will be updated as of October 20, 2003.

If you have questions regarding billing issues, please contact an EDS provider representative at 1-(800) 685-3757. For all inquiries regarding prior authorization, please contact the Medicaid Transportation Unit (208) 334-4990 or toll-free 1-(800) 296-0509. Thank you for your continued participation in the Idaho Medicaid Program.

KPA/co

Using *vendor software* or a *clearinghouse* to submit claims or check eligibility?

Providers - be sure to ask your vendor or clearinghouse to verify they have successfully tested claims and eligibility with EDS well before October 16, 2003. You will need to take delivery of new software or upgrade current software in time to learn the new processes and fields before October 16, 2003. If your vendor or clearinghouse will not have tested successfully prior to October 16, 2003, consider using the Idaho Medicaid Provider Electronic Solutions (PES) software. This software can be used to check eligibility on Idaho Medicaid clients and to submit Idaho Medicaid claims.

Don't wait - check with your vendor or clearinghouse now!

MEDICAID INFORMATION RELEASE MA03-55

TO: **Physicians, Osteopaths, Mid-Levels, Hospitals**
PWC Clinics
Nursing Services Providers
Public Health Departments

FROM: Kathleen P. Allyn, Deputy Administrator

SUBJECT: **Idaho PWC (Pregnant women and children) State-Only Procedure Codes**

In the past, Idaho has used local state-only codes to pay for and report services not covered in the national coding books (HCPCS or CPT). Federal regulations associated with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require that transactions and codes be consistent throughout the nation.

Effective for dates of service on or after **October 20, 2003**, Idaho will be converting the following PWC (Pregnant Women and Children) state-only codes to the appropriate HCPCS codes in the table below.

Please be aware that some codes will require a **U5** (*Pregnant Women and Children's Program*) modifier to be attached to the appropriate HCPCS code.

State Code	HCPCS Code	Modifier Needed	Description
0077C	T1023	U5	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter (Determination of presumptive eligibility)
0079C	G9001	None	Coordinated care fee, initial rate (Plan of care development/submittal)
0080C	G9005	None	Coordinated care fee, risk adjusted maintenance (Risk reduction follow-up)
0085C	S9127	U5	Social work visit, in the home, per diem (Individual & family social services)
0090C	S9470	U5	Nutritional counseling, dietitian visit (PWC nutrition services)
0095C	S9123	U5	Nursing care, in the home; by registered nurse, per hour (PWC nursing services—home)
0096C	T1001	U5	Nursing assessment/evaluation (PWC maternity nursing services)

If you have questions regarding the information in this notice, please contact Colleen Osborn (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

KPA/co

MEDICAID INFORMATION RELEASE MA03-58

TO: **Physicians, Osteopaths, Mid-Levels**
Federally Qualified Health Centers (FQHC)
Public Health Departments

FROM: Kathleen P. Allyn, Deputy Administrator

SUBJECT: **Idaho State-Only EPSDT (Early Prevention, Screening, Diagnosis, and Treatment) Program Modifiers**

In the past, Idaho has used local state-only codes to pay for and report services not covered in the national coding books (HCPCS or CPT). Federal regulations associated with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require that transactions and codes be consistent throughout the nation. Effective for dates of service on or after **October 20, 2003**, Idaho will be converting the following **EPSDT** state-only modifiers to the appropriate national modifiers in the table below.

Old Modifier (not valid after Oct. 19, 2003)	**Old Modifier Description**	**New Modifier** (valid on or after Oct. 20, 2003)	**New Modifier Description**
RO	A problem is discovered and the EPSDT client is referred to another provider outside the Rural Health or Indian Health Clinic.	**U6**	Patient is referred to another provider.
ES	An EPSDT screening is done and no referral is made.	No replacement modifier	Not applicable
CI	A problem is discovered and the EPSDT client is treated by the EPSDT screener.	**EP**	Service provided as part of Medicaid EPSDT program
25	A client is seen for a medical condition and an EPSDT screen is performed.	**25**	*(description change only):* Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service.

If you have questions regarding the information contained in this release, please contact Colleen Osborn (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

Using *vendor software* or a *clearinghouse* to submit claims or check eligibility?

Providers - be sure to ask your vendor or clearinghouse to verify they have successfully tested claims and eligibility with EDS well before October 16, 2003. You will need to take delivery of new software or upgrade current software in time to learn the new processes and fields before October 16, 2003. If your vendor or clearinghouse will not have tested successfully prior to October 16, 2003, consider using the Idaho Medicaid Provider Electronic Solutions (PES) software. This software can be used to check eligibility on Idaho Medicaid clients and to submit Idaho Medicaid claims.

Don't wait - check with your vendor or clearinghouse now!

September 1, 2003

MEDICAID INFORMATION RELEASE MA03-61

TO: **Physicians, Osteopaths, Mid-Levels**

FROM: Kathleen P. Allyn, Deputy Administrator

SUBJECT: **Idaho State-Only Program Specific Procedure Codes for Exams When Requested by the Department for Program Requirements**

In the past, Idaho has used local state-only codes to pay for and report services not covered in the national coding books (CPT or HCPCS). Federal regulations associated with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require that transactions and codes be consistent throughout the nation.

Effective for dates of service on or after **October 20, 2003**, Idaho will be converting the following state-only codes to the appropriate CPT codes in the table below.

The following two codes are to be used only when an exam and/or report is requested by the Department for an adult client for the purpose of Medicaid program requirements. When billing for an exam and/or report that has been requested by the Department, report with ICD-9 diagnosis code **V70.3** (*other medical examination for administrative purposes*) as the primary diagnosis code. This includes annual history and physicals (H & P) required for adults residing in an ICF/MR (intermediate care facility/mentally retarded).

State Code	CPT Code	Description
0100M	99080	Medical report – based on past record rather than new exam (special reports-more than the information conveyed in the usual medical communications or standard reporting form)
0110M	99450	Medical report – based on new exam (Basic life and/or disability examination that includes: History and Physical (H&P) and completion of necessary documentation).
0105M	*Obsolete*	*This code will be terminated October 20, 2003*

If you have questions regarding the information contained in this release, please contact Colleen Osborn (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

KPA/co

MEDICAID INFORMATION RELEASE MA03-63

TO: **Physicians, Osteopaths, and Mid-Levels**

FROM: Kathleen P. Allyn, Deputy Administrator

SUBJECT: **Reporting Family Planning Services With New Modifier FP**
Family Planning Diagnoses

Reporting Family Planning Services

Effective for dates of service on or after **October 20, 2003**, when providing a family planning service, please report with one of the family planning diagnoses from the table below and attach modifier **FP** (*family planning*) to the CPT Evaluation and Management (E&M) code. Failure to report a family planning diagnosis and the CPT with the **FP** modifier, increases the direct cost of services to Idaho Medicaid, and will cause claims to deny if they do not include a Healthy Connections referral.

Family Planning Diagnoses

Any services provided as part of a family planning visit should include one of the diagnoses listed in the table below as the primary diagnosis.

Diagnosis Code	Description
V25.01	Prescription of oral contraceptive
V25.02	Initiation of other contraceptive measure (fitting of diaphragm, prescription of foams, creams, other agents)
V25.09	Family planning advice (Other)
V25.1	Insertion of intrauterine contraceptive device
V25.2	Sterilization (admission)
V25.40	Contraceptive surveillance, unspecified
V25.41	Contraceptive pill surveillance
V25.42	Intrauterine device (checking, reinsertion, or removal of device) surveillance
V25.43	Implantable subdermal contraceptive surveillance
V25.49	Surveillance of other contraceptive method
V25.5	Insertion of implantable subdermal contraceptive
V25.8	Other specified contraceptive management (post-vasectomy sperm count)
V25.9	Unspecified contraceptive management

If you have questions regarding the information in this notice, please contact Colleen Osborn (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

KPA/co

Using *vendor software* or a *clearinghouse* to submit claims or check eligibility?

Providers - be sure to ask your vendor or clearinghouse to verify they have successfully tested claims and eligibility with EDS well before October 16, 2003. You will need to take delivery of new software or upgrade current software in time to learn the new processes and fields before October 16, 2003. If your vendor or clearinghouse will not have tested successfully prior to October 16, 2003, consider using the Idaho Medicaid Provider Electronic Solutions (PES) software. This software can be used to check eligibility on Idaho Medicaid clients and to submit Idaho Medicaid claims.

Don't wait - check with your vendor or clearinghouse now!

August 15, 2003

MEDICAID INFORMATION RELEASE #2003-71

TO: **DDA Providers**
DD/ISSH Waiver Providers
Service Coordination Providers

FROM: Paul Swatsenbarg, Deputy Administrator

SUBJECT: IMPLEMENTATION OF CARE MANAGEMENT FOR ADULTS WITH DEVELOPMENTAL DISABILITIES

On October 1, 2003, the Division of Medicaid will implement Care Management for Adults with Developmental Disabilities in accordance with IDAPA 16.03.13, "Prior Authorization for Behavioral Health Services," a new chapter in the Medicaid rules. This new chapter of rules covers prior authorization for all adult Developmental Disability (DD) program services including DD waiver, DDA services, and service coordination. They also cover prior authorization of services provided to adolescents age 15 through the month of the 18th birthday eligible for the ISSH waiver.

NOTE: All participants on the ISSH waiver, 18 years of age and older, will be transferred to the DD waiver. This change will not result in any change to the participant's benefits or services. The Individual Support Plan will not require any modifications.

Several components of the new Care Management program will begin prior to implementation. Some Adult Access staff transitioned to the Regional Medicaid Services unit on July 21, 2003. The Department anticipates finalizing a contract for the Independent Assessor Provider (IAP) in mid-August. Training will be announced by the Department's Regional Offices beginning in September for the Assessor (IAP), providers, participants, and Plan Developers.

Beginning July 21, 2003, all adult applications for services and individual support plans will be processed by Regional Medicaid Services using current business practices.

The new process, beginning October 1, 2003, will have the following key components:

- The application for Adult Developmental Disability services will be completed in the Regional Medicaid Services unit.
- The assessment and prior authorization will be completed by the Assessor (IAP).
- The participant will choose a Plan Developer and Plan Monitor.
    - Plan Developer and Plan Monitor can be paid or unpaid.
    - A paid Plan Developer and Plan Monitor must meet the requirements of a Targeted Services Coordinator (TSC).
    - The participant has the option to choose a TSC.
    - If a TSC is chosen, the TSC will also be the Plan Monitor.
- The Participant Budget will be developed by the Assessor, Participant and Plan Developer.
- After the budget is developed, the Plan Developer convenes the Person Centered Planning team to develop the Plan of Service.
- All services, including DD/ISSH Waiver, DDA, and Service Coordination will be prior authorized by the Department on one plan.
- Community Crisis Supports can be provided by any Medicaid provider and must be prior authorized by the Department.
- If the requested services are over the budget or are inconsistent with the assessed needs, the plan will be referred to the Department's Regional Care Manager for an Exception Review.
- The Department will conduct periodic reviews to verify continued prior authorization.
- The first participants to begin this process are those who have plans due in February 2004. They will be contacted by the Assessor in October of 2003 to begin their plan reauthorization. Participants who have plans due in March 2004 will be contacted in November 2003, and so on.

Continued on page 17

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If you wish to review the new chapter of Prior Authorization rules and the related changes elsewhere in the Department's rules, these will be posted on the Department of Administrations' website (http://www2.state.id.us/adm/adminrules/bulletin/mstrtoc.htm) on Wednesday, September 3, 2003. You may submit your comments on the rules to the Department from September 3 through October 22, 2003.

In addition, public hearing concerning this rulemaking will be held as follows:

Date:	**Monday** **October 6, 2003**	**Wednesday** **October 8, 2003**	**Thursday** **October 9, 2003**
Time:	7:00 – 9:00 p.m.	7:00 – 9:00 p.m.	7:00 – 9:00 p.m.
Place:	Region I 1120 Ironwood Drive Coeur d'Alene, ID	Region IV 1720 Westgate Drive Boise, ID	Region VI 421 Memorial Drive Pocatello, ID

If you have any questions regarding the information in the release, please contact Jean Christensen, Manager Behavioral Health Care at (208) 364-1828. Thank you for your continued participation in the Idaho Medicaid Program.

Using *vendor software* or a *clearinghouse* to submit claims or check eligibility?

Providers - be sure to ask your vendor or clearinghouse to verify they have successfully tested claims and eligibility with EDS well before October 16, 2003. You will need to take delivery of new software or upgrade current software in time to learn the new processes and fields before October 16, 2003. If your vendor or clearinghouse will not have tested successfully prior to October 16, 2003, consider using the Idaho Medicaid Provider Electronic Solutions (PES) software. This software can be used to check eligibility on Idaho Medicaid clients and to submit Idaho Medicaid claims.

Don't wait - check with your vendor or clearinghouse now!

September 1, 2003

MEDICAID INFORMATION RELEASE MA03-74

TO: **Developmental Disability Service Providers**

FROM: Kathleen P. Allyn, Deputy Administrator

SUBJECT: **DEVELOPMENTAL DISABILITY AND IDAHO STATE SCHOOL AND HOSPITAL WAIVER STATE-ONLY PROCEDURE CODES**

In the past, Idaho has used local state-only codes to pay for and report services not covered in the national coding books (HCPCS or CPT). Federal regulations associated with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require that transactions and codes be consistent throughout the nation. Effective for dates of service on or after **October 20, 2003**, Idaho will be converting the following state-only codes to the appropriate HCPCS codes in the table below. Please be aware that some codes will require a modifier to be attached when billing the appropriate HCPCS code.

State Code	Description [old descriptor], *new descriptor*	HCPCS Code	Modifier
0080B	[DD Non-Medical Transportation] *Non-Emergency transportation, per mile- vehicle provided by volunteer (individual or organization), with no vested interest* **NOTE:** This code is allowed only for transportation providers	A0080	U8
0100B	[Environmental Modifications] *Home Modifications*	S5165	U8
0120B	[Expanded Speech Therapy] *This code will be terminated 10/20/03*		
0130B	[Expanded Occupational Therapy]	*This code will be terminated 10/20/03*	
0140B	[Nursing Services- RN –Independent] *Nursing Assessment/Evaluation*	T1001	U8, TD
0150B	[Nursing Services RN – Agency] *Nursing Assessment/Evaluation*	T1001	U8, TD
0170B	[Private Duty – RN – Independent] *Private Duty/Independent Nursing Services - Licensed*	T1000	U8
0180B	[Private Duty – LPN – Agency] *Private Duty/Independent Nursing Services - Licensed*	T1000	U8, TE
0190B	[Private Duty – RN- Agency] *Private Duty/Independent Nursing Services - Licensed*	T1000	U8, TD
0200B	[RN Oversight] *Nursing Assessment/Evaluation*	T1001	U8
0210B	[Behavior Consultation – Clinician] *This code will be terminated 10/20/03*		
0212B	[Psychiatric Consultation] *Therapeutic Behavioral Services*	H2019	U8, U1
0220B	[Behavioral Consultation – QMRP] *Therapeutic Behavioral Services*	H2019	U8
0225B	[Emergency Intervention – Tech-DD] *This code will be terminated 10/20/03*		
0226B	[Emergency Intervention-Tech-ISSH] *Therapeutic Behavioral Services*	H2019	U8, HM
0230B	[Behavior Consultation – Pharmacist] *This code will be terminated 10/20/03*		
0240B	[Respite – Hourly] *Respite Care Services*	T1005	U8

Continued from page 18

0250B	[Respite – Daily] *Respite Care, In the Home*	S9125	U8
0260B	[Chore – Skilled] *Chore Services, per diem*	S5121	U8
0270B	[Chore Unskilled] *This code will be terminated 10/20/03*		
0280B	[PERS – Install] *Emergency Response System; installation and testing*	S5160	U8
0290B	[PERS – Monthly Fee] *Emergency Response System; service fee, per month (excludes installation and testing)*	S5161	U8
0300B	[Home Delivered Meals] *Home Delivered Meals, including preparation; per meal*	S5170	U8
0310B	[Special Medical Equipment/Supply] *Durable Medical Equipment, Miscellaneous*	E1399	U8
0320B	[Supported Employment] *Supported Employment, per 15 minutes*	H2023	U8
0505B	[Supported Living- one consumer – own home or w/non-pd caregiver] *Comprehensive Community Support Services, per 15 minutes*	H2015	U8
0506B	[Supported Living- two consumers – own home or w/non-pd caregiver] *Comprehensive Community Support Services, per 15 minutes* **NOTE:** Since 0506B & 0507B were combined, effective for dates of service on or after 10/20/03, the new rate will be $1.87 per 15-minute unit.	H2015	U8, HQ
0507B	[Supported Living- three consumers- own home or w/non-pd caregiver] *This code will be terminated 10/20/03*		
0601B	[Specialized Family Home – Independent- daily, one or two consumers] *Foster Care, adult; per diem*	S5140	U8
0605B	[Agency Specialized Family Home Daily] *Foster Care, adult; per diem This code was terminated **9/01/03***		
0644B	[Adult Day Care] *Day Care Services, adult; per 15 minutes*	S5100	U8
0919B	[Agency Specialized Family Home Affiliation Fee, Daily; 1 or 2 providers, 1 or 2 clients] *This code will not be affected – it is listed for your convenience*		

Required Modifiers and Definitions

HM Less than Bachelor degree level
HQ Group setting
TD RN
TE LPN/LVN
U1 Medicaid Level of Care 1, Performed by a Physician
U8 Medicaid Level of Care 8, Developmental Disability / ISSH Waiver Program

If you have questions regarding the information contained in this release, please contact Carolyn Burt-Patterson (208) 364-1827. Thank you for your continued participation in the Idaho Medicaid Program.

KPA/cp

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IDAHO DEPARTMENT OF HEALTH & WELFARE

Attention: Business Office

HIPAA
Health Insurance Portability and Accountability Act
Idaho Department of Health & Welfare

See page 3 for special section on Idaho Medicaid billing changes beginning Saturday, October 18, 2003!

September Office Closure

The Department of Health and Welfare and EDS offices will be closed for the following State holiday:

Labor Day, September 1, 2003

A reminder that MAVIS (Medicaid Automated Voice Information Service) is available on State holidays at:

(800) 685-3757 (toll-free) or (208) 383-4310 (Boise local)

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:
Becca Ruhl,
Division of Medicaid

Cynthia Brandt,
Publications Coordinator,
EDS

If you have any comments or suggestions, please send them to:

ruhlb@idhw.state.id.us

or

Becca Ruhl
DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036

Fax: (208) 364-1911

MedicAide

An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid October 2003

In this issue:

Information Releases

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

SPECIAL ISSUE

Medicaid Billing Changes October 2003 Implementation

There are a number of changes to Medicaid billing processes that are effective October 20, 2003. This issue contains articles about these changes and their direct impact on you. Read the articles below for additional detail about these impacts and the calendar on page 9 for a detailed timeline of these impacts.

Look inside for articles about Idaho Medicaid billing changes beginning on Saturday, October 18, 2003.

HIPAA articles submitted by DHW HIPAA Project

Idaho Medicaid Billing Changes – October 2003

There are a number of changes to the Medicaid billing processes that are effective October 20, 2003. The purpose of this article is to provide an overview of these changes. Please refer to other articles in this issue for additional detail.

Highlights:

HIPAA Compliant Electronic Claim Submission - all providers submitting electronic 837 claim transactions will be required to submit them in the HIPAA compliant format.

Prior Authorization (PA) numbers must be included on professional, dental, or institutional claims for services which require prior authorization. Multiple prior authorization numbers are allowed on electronic professional and dental claims. Institutional and paper claims may only use one prior authorization number per claim form.

National HCPCS or CPT procedure codes replace Idaho state-only procedure codes. Refer to the provider handbook, the October 2003 CD, Medicaid Information Releases, or recent MedicAide newsletters regarding effective dates for specific code changes. Past issues of newsletters can be found at the following address:

www2.state.id.us/dhw/medicaid/medicaide/past_issues.htm

Medicaid Information Releases can be found at:

www2.state.id.us/dhw/medicaid/inf/mir_2003.htm

Features:

837 Institutional claim – ability to accept and process electronic HIPAA formatted claims with up to 999 detail lines.

837 Professional and 837 Dental claims – ability to accept and process electronic HIPAA formatted claims with up to 50 detail lines.

PA number on an electronic professional or dental claim – sent at header applies to whole claim. PA number sent at detail applies to the specific detail.

Oxygen values – can be sent via the professional HIPAA formatted electronic claim.

TPR – detail and header processing so payments can be applied at the header or detail.

Electronic Claim Void and Replacement – paid claims can now be adjusted electronically. The claim void and replacement process is the electronic equivalent of the paper adjustment. At this time there is no change to the paper adjustment request form or process.

835 Electronic RA – the current electronic remittance advice will be upgraded to be HIPAA compliant. Only the paper RA will include the Medicaid specific EOBs.

4th modifier – ability to include up to 4 modifiers on electronic professional or institutional HIPAA 837 claims to further define the specific service rendered.

DHW Phone Numbers Addresses Web Sites

DHW Websites:
www.idahohealth.org
www2.state.id.us/dhw
www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

DHW Customer Service
(800) 378-3385
(208) 334-5795

Idaho Careline
211 (not available in all areas)
(800) 926-2588

Provider Fraud and Utilization Review
P. O. Box 83720
Boise, ID 83720-0036
(866) 635-7515 (toll free)
(208) 334-0675
Email:
~medicaidfraud&sur@idhw.state.id.us
(note: begins with ~)
Internet:
www2.state.id.us/dhw/Medicaid/providers/fraud.htm

Healthy Connections
Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766

Region II - Lewiston
(208) 799-5088
(800) 799-5088

Region III - Caldwell
(208) 455-7280
(800) 494-4133

Region IV - Boise
(208) 334-4676
(800) 354-2574

Region V - Twin Falls
(208) 736-4793
(800) 897-4929

Region VI - Pocatello
(208) 239-6260
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945

Spanish Speaking
(800) 862-2147

Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5795
(800) 378-3385

Prior Authorization Phone Numbers Addresses Web Sites

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

EMS Review Unit
(800) 362-7648
(208) 334-2484
Fax
(800) 359-2236
(208) 334-5242

PCG
P.O. Box 2894
Boise, ID 83701
(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

Pharmacy
P.O. Box 83720
Boise, ID 83720-0036
(877) 200-5441 (toll free)
(208) 364-1829
Fax (208) 364-1864
Web: www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

Qualis Health (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax (800) 826-3836 or
(206) 368-2765

Qualis Health Website
www.qualishealth.org/idahomedicaid.htm

Transportation Prior Authorization Unit
(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

Local Code Changes Effective October 2003

In the past, Idaho has required the use of local state-only procedure codes for billing services which were not defined in the national coding books (HCPCS or CPT). The Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations require service codes be consistent throughout the nation. To ensure Idaho's compliance, local state-only procedure codes are being eliminated. Information Releases have been sent to affected providers which detail specific procedure code changes. Please refer to the MedicAide Newsletter and Medicaid Information Releases for changes that may impact your billing practices.

MedicAide newsletters can be accessed online at: http://www2.state.id.us/dhw/medicaid/MedicAide/past_issues.htm

Medicaid information releases can be accessed online at: http://www2.state.id.us/dhw/medicaid/inf/mir_2003.htm

This information is also available online in the most current version of the Idaho Medicaid Provider Handbook at http://www2.state.id.us/dhw/medicaid/provhb/index.htm or on the CD to be delivered by mail early October 2003.

Coordination of Benefits with Other Insurance and Adjustment Reason Codes (ARC)

Previously providers were required to submit paper claims with a copy of the explanation of benefits if the other insurance payment was less than 40% of the billed amount (see section 2.4 of the *Idaho Medicaid Provider Handbook*). Effective October 20, 2003 providers may bill these claims electronically, **regardless** of the percentage of the insurance payment and provided the appropriate Adjustment Reason Codes (ARC) are used. Please refer to section 2.4.4.2 of the *Idaho Medicaid Provider Handbook*, or follow this link to the Information Release #2002-34, dated September 30, 2002 for more detail: http://www2.state.id.us/dhw/medicaid/inf/2002/02med34.htm

Please be aware it is the responsibility of the provider to bill appropriately and in accordance with program rules and guidelines, including the use of Adjustment Reason Codes (ARC). **The ARC used on the electronic claim must be consistent with the information provided by the other insurance.** Provider records may be audited by the Department to verify appropriate use of these codes. Inappropriate use may result in administrative action by the Department including but not limited to recoupment of payment.

Assistance Available

As the October 20th date draws near, providers should be aware of resources available to assist them when needed.

- Direct eligibility and claim issues to MAVIS at (800) 685-3757. If MAVIS is unable to give you all of the information needed, say the word AGENT, and you will be connected to a Provider Service Representative during normal business hours. Agents will be available Saturday and Sunday, October 18 and 19, from 8:00 a.m. to 5 p.m. MT to answer questions about eligibility and HIPAA billing requirements.
- Specific billing issues and PES software issues should be directed to your regional Provider Relations Consultant. Contact information can be found on page 5 of this newsletter.
- Issues regarding electronic transaction errors should be directed to the Electronic Data Interchange (EDI) Help Desk. This can done by calling MAVIS at (800) 685-3757, say *TECHNICAL SUPPORT*. You will be connected to the EDI Help Desk.

Modifiers and HIPAA

Prior to October 20, 2003, providers billing professional Medicaid claims were limited to using three (3) procedure code modifiers per claim detail. Effective on October 20, 2003, providers may submit as many as four (4) modifiers per claim detail on professional and institutional claims. Bear in mind that Medicaid cannot process claims containing more than four modifiers per detail. Claims containing more than four modifiers will be rejected.

For more detailed information regarding procedure code modifiers and how to appropriately use them when billing Idaho Medicaid, see section 3 of the Idaho Medicaid Provider Handbook for your specific provider type.

New Information on the Paper Remittance Advice

Some of the changes being implemented on October 20, 2003, affect the paper Medicaid remittance advice (RA). Beginning with the RA issued the week of October 27th, the remittance advice for Professional and Institutional providers will include the medical record number for each claim **if** this information was submitted on an electronic claim. This information will appear under the heading: MED REC # on the same line as the client name and Medicaid ID number (MID).

For more information, see Section 4 of the *Idaho Medicaid Provider Handbook*.

Electronic HIPAA 835 Remittance Advices (ERAs)

Effective October 20, 2003, providers can download an electronic HIPAA-formatted 835 remittance advice (ERA) from Idaho Medicaid **if** their vendor software supports this transaction. To initiate this process, you must submit a request to EDS in writing. This request must include your provider number and the BBS logon (submitter) ID. Providers may call EDS to obtain an *Idaho Medicaid Program Electronic Remittance Advice (ERA) Authorization Form*. Providers must submit a new request, even if they have been receiving an ERA, prior to the HIPAA changes. Please keep in mind the Idaho Medicaid PES software does **not** currently support the HIPAA 835 ERA transaction.

Updated HIPAA Website for Providers and Vendors

http://www2.state.id.us/dhw/hipaa/index.htm

The HIPAA Website has been updated with information regarding events that will impact you directly in October of 2003. Idaho Medicaid will be implementing policy changes and HIPAA related billing changes to comply with HIPAA legislation. The document titled *October 2003 Idaho Medicaid Billing Changes* provides an overview of differences a provider will see between the current electronic billing format and the **HIPAA** electronic billing format for professional, institutional, and dental claims submitted to Idaho Medicaid. Providers will see these differences on all electronic claims submitted in the HIPAA format as of October 20, 2003. Find this document on the website in the Providers Claims Submission section as well as the Vendors Billing Guideline section.

Many of these changes have been communicated to you via *MedicAide* newsletters and information releases. The same information has been added to the Idaho Medicaid HIPAA Website. Follow the link above to visit the site.

EDS Phone Numbers Addresses

MAVIS
(800) 685-3757
(208) 383-4310

EDS
Correspondence
PO Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
PO Box 23
Boise, ID 83707
PCS & ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Fax Numbers
Provider Enrollment
(208) 395-2198
Provider Services
(208) 395-2072

Client Assistance Line
Toll free: (888) 239-8463

HIPAA

DHW HIPAA Project

Mail:
DHW HIPAA Project
DHW
PO Box 83720
Boise, ID 83720-0036

Email:
HIPAAComm@idhw.state.id.us

Fax:
DHW HIPAA Project
(208) 334-0645

Internet:
www.idahohealth.org
(select H&W HIPAA quicklink)
or
www2.state.id.us/dhw/hipaa/index.htm

Software Testing:
(866) 301-7751

EDS Phone Numbers Addresses

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., # 102
Coeur d'Alene, ID 83814

prudie.teal@eds.com
(208) 666-6859
(866) 899-2512 (toll free)
Fax (208) 666-6856

Region 2
JoAnn Woodland
1118 F Street
P.O. Drawer B
Lewiston, ID 83501

joann.woodland@eds.com
(208) 799-4350
Fax (208) 799-5167

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605

mary.jeffries@eds.com
(208) 455-7162
Fax (208) 454-7625

Region 4
Jane Hoover
1720 Westgate Drive, # A
Boise, ID 83704

jane.hoover@eds.com
(208) 334-0842
Fax (208) 334-0953

Region 5
Penny Schell
2241 Overland Avenue
Burley ID 83318

penny.schell@eds.com
Burley: Tuesday & Friday
(208) 677-4002

Twin Falls: Mon, Wed, Thurs
(208) 736-2143
Fax (208) 678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201

sheila.lux@eds.com
(208) 239-6268
Fax (208) 239-6269

Region 7
Bobbi Woodhouse
150 Shoup Avenue
Idaho Falls, ID 83402

bobbi.woodhouse@eds.com
(208) 528-5728
Fax (208) 528-5756

Upcoming PES Changes

An updated version of the Provider Electronic Solutions (PES) software will be sent via CD to all active providers in early October 2003. The CD will be mailed to the address where you receive your remittance advice. This newest software version supports system and policy changes effective October 20, 2003. These changes affect how providers bill electronic claims in the 837 HIPAA-compliant format using Provider Electronic Solutions (PES) software. Providers will have the option of either replacing their existing software or applying an upgrade to their current PES software. Use the upgrade if you have already created lists in your current version of PES and don't want to re-create these lists. New software features include:

■ Void and Replacement functions will now be available so that you may electronically void or replace a paid 837 claim. Providers must use a frequency code of "8" to void a claim and a frequency code of "7" to replace paid 837 Professional and Dental claims. For Institutional claims the third digit in the Type of Bill (TOB) code will designate a claim void or replacement function. Use TOB code ending in 8 to void a claim and TOB code ending in 7 to replace a paid 837 Institutional claim. Prior to October claims could not be adjusted electronically. Providers were required to submit claim adjustments on paper. The paper claim adjustment process is not changing.

■ For services that require prior authorization, the prior authorization (PA) number will be required on both paper and electronic professional, dental, and institutional claims submitted on or after October 20, 2003. Providers using the electronic 837 Professional or Dental claim format may use multiple PA numbers on one claim. You may use one PA number at the header, one PA number for each applicable detail, or both. Paper claims accommodate only one prior authorization number. Please refer to your provider handbook for additional information.

■ Providers will be able to directly bill Medicare crossover claims electronically. Prior to the October changes claims that did not automatically cross from Medicare (Part B only) to Medicaid had to be billed to Medicaid on paper with a copy of the Medicare Remittance Notice (MRN) previously EOMB. When using PES software to submit claims, if a client has Medicare coverage for the services being billed the provider must enter a **Y** (yes) in the Crossover Indicator field. This will cause the Crossover tab to appear as the next tab on the screen. All the fields on the Crossover tab must be completed before submitting the claim.

■ Additional changes to billing requirements:

- National place of service codes must be used. Prior to the October changes Idaho required providers to use some state-only place of service (POS) codes. The October changes require that providers use the national standard POS codes on both paper and electronic claims. If a claim is submitted using an invalid POS code it will be denied. PES software is preloaded with the current national standard POS codes. Certain national codes are not acceptable for Idaho Medicaid. Please refer to your individual provider handbook for the correct POS for your services.
- A National Drug Code (NDC) will be required with certain procedure codes on professional and institutional claims. Prior to the October changes a National Drug Code (NDC) code was not required on electronic institutional claims but was required on professional claims when a J-code was billed for an unlisted drug code or when the J code billed required manual pricing. After October 19th an NDC code will be required on 837 Professional claims when a drug related HCPCS or CPT code is submitted **and** on 837 Institutional claims when a billed revenue code requires a corresponding drug related HCPCS or CPT code.
  In PES on the 837 **Professional** claim form, an RX indicator is located on the Service 3 tab. A **Y** (yes) must be entered if you are billing for medication received.

Upcoming PES Changes

Continued from page 5

By entering **Y**, the RX tab will appear as the next tab on the claim and must be completed. The NDC code is the first field on the tab and the provider must enter the 11-digit NDC for any drugs dispensed. To add more than one NDC the provider must select the Add RX command button and complete the NDC information for the next drug billed.

On the 837 **Institutional** claim forms the RX indicator is located on the Service tab. A **Y** must be entered when medication is being billed and the revenue code entered requires a corresponding HCPCS or CPT code. By entering **Y**, the RX tab will appear as the next tab on the claim and must be completed. The NDC code is the first field on the tab and the provider must enter the 11-digit NDC for any drugs dispensed. To add more than one NDC the provider must select the Add RX command button and complete the NDC for the next drug billed.

If the NDC information is required for a detail, but not provided, that detail will be denied.

■ Certificate of Medical Necessity (CMN) information will be required on oxygen claims submitted electronically. After October 19th providers using the electronic 837 Professional claim form to bill for oxygen services must complete all the information on the Service 3 tab. This information replaces the information submitted on the CMN. The following oxygen information must be included on **every** electronic 837 Professional claim for oxygen services:

- Oxygen Certification type
- Certification Treatment Period months
- 02 Saturation Quantity and test date
- Arterial Blood Gas Quantity and test date
- Condition Indicator
- Last Certification Date

Refer to the PES handbook for additional information on how to use these features in PES beginning October 20, 2003. The revised version of the PES handbook will be sent to all providers on CD in early October, or can be viewed online at the Idaho HIPAA website http://www2.state.id.us/dhw/hipaa/providers2.htm or at the Idaho Medicaid website http://www2.state.id.us/dhw/medicaid/provhb/index.htm

Providers can also obtain billing information in the Idaho Medicaid Provider Handbook which can be found at http://www2.state.id.us/dhw/medicaid/provhb/index.htm or Medicaid Information Releases found at http://www2.state.id.us/dhw/medicaid/inf/mir_2003.htm

Using *vendor software* or a *clearinghouse* to submit claims or check eligibility?

Providers - be sure to ask your vendor or clearinghouse to verify they have successfully tested claims and eligibility with EDS well before October 16, 2003. You will need to take delivery of new software or upgrade current software in time to learn the new processes and fields before October 16, 2003. If your vendor or clearinghouse will not have tested successfully prior to October 16, 2003, consider using the Idaho Medicaid Provider Electronic Solutions (PES) software. This software can be used to check eligibility on Idaho Medicaid clients and to submit Idaho Medicaid claims.

Don't wait - check with your vendor or clearinghouse now!

Additional Training Labs Scheduled

Since last April, hundreds of Medicaid providers have taken advantage of the Provider Electronic Solutions (PES) labs that have been offered across the state. These training sessions gave participants the opportunity to "test drive" the new Medicaid software on a computer with instructions and guidance from their regional EDS Provider Relations Consultants. Feedback from these sessions indicates that this was time well spent, and that the hands-on environment was conducive to learning, getting answers to questions, and becoming familiar with the software.

In preparation for even more significant changes coming on October 20, 2003, EDS and the Department of Health and Welfare are preparing another round of hands-on training that will cover the PES software, as well as HIPAA mandated changes. It is felt that this information will be important to all electronic billers whether **they are using PES or other vendor software**.

Additional changes covered include: new required data elements, the option to submit an electronic claim void or replacement (electronic equivalent of the paper adjustment process), the option to submit Medicare crossover claims electronically, and much more.

Sessions will be offered statewide both morning and afternoon on the following dates:

Thursday, October 2	Friday, October 10
Monday, October 6	Tuesday, October 14
Wednesday, October 8	Thursday, October 16

Morning sessions will focus on billing changes, and afternoon sessions will focus on the PES software.

Morning training covers the document *October 2003 Idaho Medicaid Billing Instructions,* which describes in detail each of the billing changes that will become effective on October 20th, including specific information for individual claim types affected.

Afternoon PES training includes how to:

- Install the PES application.
- Submit eligibility transactions.
- Use the Idaho PES Handbook.
- Save data lists in PES.
- Submit Medicaid claims using the software.

Training will be held at the DHW regional offices. Pre-registration is required as space is limited. Please contact your regional Provider Relations Consultant to register. Contact information for provider relations consultants can be found on page 5 of this newsletter.

Idaho Medicaid Provider Resources CD

In early October providers will receive a CD that contains both the updated *Idaho Medicaid Provider Handbook* and the Provider Electronic Solutions (PES) software with upgrades.

Providers using the CD format of the handbook will be able to copy the handbook files to their desktop computer(s), print paper copies of necessary materials, including appropriate forms which can be completed online, printed and mailed. Providers unable to use the CD may request one paper copy of the provider handbook applicable to their own specialty by returning the postcard included with the CD.

Providers using the PES software are able to check eligibility and service limitations online as well as submit claims. Effective October 20, 2003, PES replaces the old *EDS* billing software, ECMS-PC, for all providers.

Individual Provider Guidelines

Your individual provider guidelines, which appear in section 3 of the *Idaho Medicaid Provider Handbook*, have been revised to include new information about electronic billing. Refer to the claim billing section of your provider handbook for more information on the following subjects:

Providers who bill HIPAA electronic 837 ***professional*** claims:

- Can have up to 50 detail lines (services) per claim
- Use a referral number if a referring provider number is required
- Can submit multiple PA numbers on one claim
- Can use up to 4 modifiers per detail (service)
- Can have up to 8 diagnosis codes per claim
- Use National Drug Code (NDC) information when required with certain HCPCS and CPT codes
- Can submit electronic Medicare crossovers

Providers who bill HIPAA electronic 837 ***institutional*** claims:

- Can have up to 999 detail lines (services) per claim
- Can have up to 25 surgical procedure codes per claim
- Can use up to 4 modifiers per detail
- Must submit a TC modifier for radiology services (currently this is done systematically)
- Can have up to 24 condition codes, value codes, occurrence codes, and occurrence span codes per claim
- Can have up to 27 diagnosis codes per claim
- Use National Drug Code (NDC) information when required with certain HCPCS and CPT codes
- Can submit electronic Medicare crossovers

Providers who bill HIPAA electronic 837 ***dental*** claims:

- Can have up to 50 detail lines per claim
- Do not use modifiers for dental services
- Can submit multiple PA numbers on one claim
- Use a referral number if a referring provider number is required
- Use the new oral cavity designation (quadrant and arch) codes
- Use only one tooth designation and unit as allowed per detail

The provider guidelines include additional electronic billing information specific to individual providers. They can include reminders such as National Drug Code (NDC) information required with certain HCPCS and CPT codes, and required information on claims for oxygen or ambulance services.

Note: For more detailed information about electronic billing, consult the PES Handbook on the October CD if using PES, or the user manual which comes with your vendor software.

Providers can view these changes to the provider handbook on the October CD and on the Idaho Division of Medicaid web site link at: http://www2.state.id.us/dhw/medicaid/provhb/index.htm

OCTOBER 2003 — **Idaho Medicaid HIPAA TCS Implementation Schedule**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	**2**	**3**	**4**
5	**6**	**7**	**8**	**9**	**10**	**11** Interactive pharmacy claims and electronic eligibility inquiry service interruption starts at 10:00 P.M. MST and ends at 1:00 A.M. MST
12	**13** No adjustments processed	**14** No adjustments processed	**15** No adjustments processed	**16** No adjustments processed	**17** **Last day to submit electronic claims in non- HIPAA format!** No adjustments processed	**18** Recommend not sending electronic claims until Oct 20 12:00 A.M. MST Interactive pharmacy claims and electronic eligibility inquiry service interruption starts PSRs available from 8 a.m.– 5 p.m. MT
19 Recommend not sending electronic claims until Oct 20 Provider Service Representatives available for assistance from 8 a.m.– 5 p.m. MT	**20** **Non-HIPAA formatted electronic claims rejected** Electronic void and replace available Adjustments processed Interactive pharmacy and electronic eligibility requests available	**21**	**22**	**23**	**24**	**25**
26	**27** Electronic Remittance Advice (835) now in HIPAA 4010 A1 format	**28**	**29**	**30**	**31**	

Key Clinical Activities for Quality Asthma Care

In March 2003, ten key clinical activities for quality asthma care was published by the CDC in the Morbidity and Mortality Weekly Report (Centers for Disease Control and Prevention, 2003). These clinical activities were based upon the National Heart, Lung, and Blood Institute – National Asthma Education and Prevention Program – *Expert Panel 2 Guidelines for the Diagnosis and Management of Asthma (National Heart Lung and Blood Institute, 1997)*. This article will discuss the fifth recommendation, measures to control asthma triggers.

Among asthma triggers, smoking and exposure to environmental tobacco smoke take pre-eminent positions. Not only is smoking a lung irritant known to cause lung and other cancers, emphysema, and heart disease, there is sufficient evidence according to the National Institutes of Medicine that second-hand smoke (environmental tobacco smoke, ETS) can cause asthma in young children, exacerbate asthma in pre-school age children, and there is suggestive evidence that chronic ETS exposure is related to exacerbations of asthma in older children and adults (Institutes of Medicine, 2000).

In a study conducted by the Multicenter Airway Research Collaboration, it was found that "although cigarette smoke is generally recognized as a respiratory irritant, cigarette smoking is common among adults presenting to the ED with acute asthma (Silverman RA, Boudreaux ED, Prescott WG, Clark S, & Camargo CA, 2003)." Within this same study it was also reported that among smokers presenting to the ED with acute asthma, only 4% identified tobacco as the cause of the exacerbation.

While the particulars of tobacco's effects on those with asthma may still be evolving, in general, it is commonly understood that tobacco smoke has a deleterious effect both on the smoker and on those who are exposed to ETS. However, in Idaho in 2001, 19.6% of the general adult population were current smokers. Among adults with asthma, 20.6% were current smokers. Within the Medicaid population, 37.5% of Medicaid adults without a diagnosis of asthma were current smokers while 39.9% of those with asthma were current smokers.

What can the clinician do to affect a change in patients who smoke? .A simple, effective strategy is to use the **Five A's …… Ask, Advise, Assess, Assist, Arrange.**

Ask –screen for tobacco use

Identify and document tobacco use status for every patient at every visit

Advise to quit

In a clear, strong and personalized manner urge every tobacco use to quit

Assess willingness to quit

Is the tobacco user willing to make a quit attempt at this time?

Assist with quitting

For the patient willing to make a quit attempt, use counseling and pharmacotherapy to help him/her quit

Arrange follow-up

Schedule follow-up contact, preferably within the first week after the quit date

The following resources are also available to you and your patients. Call the Idaho Careline at 1-800-926-2588 for information regarding free tobacco cessation classes offered through the health districts, or visit Idaho QuitNet on the web for an interactive approach to smoking cessation. Check www.Idaho.QuitNet.com.

References

Centers for Disease Control and Prevention. (2003). Key clinical activities for quality asthma care: recommendations of the National Asthma Education and Prevention Program. *Morbidity and Mortality Weekly Report, 2003*(52 N. RR-6), 1-9.

Institutes of Medicine. (2000). *Clearing the Air - Asthma and Indoor Air Exposures*. Washington, D.C.: National Academy Press.

National Heart Lung and Blood Institute. (1997). *Guidelines for the Diagnosis and Management of Asthma*. Bethesda: National Institutes of Health.

Silverman RA, Boudreaux ED, Prescott WG, Clark S, & Camargo CA. (2003). Cigarette smoking among asthmatic adults Presenting to 64 emergency departments. *CHEST, 123*(5), 1472-1479.

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MEDICAID INFORMATION RELEASE MA03-69

TO: **Professional Providers Reporting Medications with HCPCS**

FROM: Kathleen P. Allyn, Deputy Administrator

SUBJECT: **Requirement of National Drug Code (NDC)**

Professional claims for medications reported with HCPCS (Healthcare Common Procedure Coding System), which are received on or after **October 20, 2003**, must include the appropriate NDC, units dispensed, and basis of measurement for each medication billed. This requirement applies to professional claims submitted electronically and on CMS-1500 (formerly HCFA-1500) paper claim forms. Claims with incomplete NDC information will be denied.

The collection of the NDC information will allow Medicaid to collects rebates due from drug manufacturers, resulting in significant cost saving to Idaho's Medicaid Program. This requirement is supported by the federal Centers for Medicare and Medicaid Services (CMS), which is encouraging all states to develop systems to claim drug rebates due to the Medicaid programs (State Medicaid Director Letter #03-002).

Electronic Claims

For professional providers that use the PES (Provider Electronic Solutions) billing software provided by EDS, new HIPAA compliant fields to report the NDC information will be available as of October 20, 2003. To enter NDC data in the PES software, choose the "Service 3" tab and enter a "Y" in the Rx indicator field. A pop-up window will open which allows providers to enter the NDC number, units dispensed, and basis of measurement information. Please refer to the PES handbook, *837 Professional – Rx instructions* (pages 9-11) for more information.

Providers using vendor software other than PES will need to confirm with their vendor or clearinghouse that they have successfully tested the professional claim form with EDS and can successfully enter the required data into the correct fields (NDC, quantity dispensed, and units of measure) prior to October 16, 2003.

Paper Claims

Submission of "NDC Detail Attachment" is required with paper claim forms when submitting a medication billed with a HCPCS. For each medication HCPCS code, complete the corresponding detail line on the attachment with the NDC number, units dispensed, and basis of measurement. Accompanying this release is a copy of the "NDC Detail Attachment" to use as a master copy. Providers can avoid filling out an attachment by submitting their claims electronically.

For questions regarding billing requirements, please contact EDS (800) 685-3757. For other questions regarding the information contained in this release, please contact Colleen Osborn (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

KPA/co

Attachment: NDC Detail Attachment form

Using *vendor software* or a *clearinghouse* to submit claims or check eligibility?

Providers - be sure to ask your vendor or clearinghouse to verify they have successfully tested claims and eligibility with EDS well before October 16, 2003. You will need to take delivery of new software or upgrade current software in time to learn the new processes and fields before October 16, 2003. If your vendor or clearinghouse will not have tested successfully prior to October 16, 2003, consider using the Idaho Medicaid Provider Electronic Solutions (PES) software. This software can be used to check eligibility on Idaho Medicaid clients and to submit Idaho Medicaid claims.

Don't wait - check with your vendor or clearinghouse now!

IDAHO DEPARTMENT OF HEALTH & WELFARE

NDC Detail Attachment

This form is a required attachment for any Idaho Medicaid paper claim billed using a drug HCPCS code on a CMS-1500 or a UB-92

PROVIDER NAME_____ PROVIDER NUMBER_____

CLIENT NAME_____ CLIENT ID NUMBER_____ DATE(s) OF SERVICE_____

LINE	NDC	DESCRIPTION	UNITS	BASIS OF MEASUREMENT			TOTAL CHARGES
				GM	ML	EA	$
				GM	ML	EA	$
				GM	ML	EA	$
				GM	ML	EA	$
				GM	ML	EA	$
				GM	ML	EA	$
				GM	ML	EA	$
				GM	ML	EA	$
				GM	ML	EA	$
				GM	ML	EA	$
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				GM	ML	EA	$

Please fill in:

- The corresponding line number from the CMS-1500 (HCFA-1500) or the UB-92
- The NDC number used
- The drug description
- The actual quantity (units) given to the patient
- Check the appropriate basis of measurement
- The total charges for that line item

October 1, 2003

MEDICAID INFORMATION RELEASE 2003-73

TO: **Pharmacy Providers**
Hospitals

FROM: Paul Swatsenbarg, Deputy Administrator

SUBJECT: **Reporting of Prescriber License Number**
Prior Authorized Medications – Update
New Prior Authorization Procedure & ICD-9 Diagnosis Codes

Effective for dates-of-service on or after **October 20, 2003**, Idaho Medicaid will require pharmacy providers to report the prescriber's valid state license number. This requirement applies to electronic, batch, and paper pharmacy claims. Claims with invalid prescriber license numbers or "77777" will be denied payment.

In 2002, 60.4 percent of pharmacy claims were ineligible for DUR (Drug Utilization Review), physician profiling, education or intervention activity because they contained invalid prescriber license numbers.

During normal business hours, if a pharmacy receives a prescription written by a prescriber for which the pharmacy does not have the license number, the pharmacy should obtain the license number and submit the pharmacy claim with the valid license number. If the claim is rejected for invalid prescriber license number, the pharmacy should contact EDS to request the prescriber be added to the Medicaid prescriber list prior to claim submission, as instructed below.

If the pharmacy claim is being submitted after normal business hours or the pharmacy is otherwise unable to obtain the license number and request EDS to add the license number to the prescriber list, for instance the prescription is received after normal business hours or on the weekend, the pharmacy may input the current date (MMDDYY format) in the prescriber number field of electronic, batch, and paper claims. Pharmacies that submit claims using the DATE rather than the prescriber license number will be contacted by Medicaid to verify the prescriber license number for use on future prescription claims. In the past, pharmacies would report "77777" for the prescriber license number. This number will no longer be valid and will cause the claim to deny.

Pharmacies may request a prescriber be added to the Medicaid records for future prescriptions by calling EDS, Monday through Friday, 8:00 a.m. to 5:00 p.m., MST at (800) 685-3757 or (208) 383-4310 (Boise calling area) or by faxing the information to (208) 395-2198. Providers will need to include the prescriber's complete name, address, and license number.

The electronic version of the prescriber list, which is on the Medicaid website, will be updated quarterly. To obtain a current listing of prescribers and their corresponding state license number, please refer to the Idaho Medicaid website at www.idahohealth.org linking to the Pharmacy Program.

Pharmacies may request a hard copy of the Medicaid presciber license list by contacting EDS provider services at (800) 685-3757 or (208) 383-4310 (Boise calling area). Ask for "Provider Enrollment". There will be a $10.00 handling fee charge for hard copy lists.

MAVIS Keypad Shortcut: To by-pass the greeting and introduction, press #9 as soon as you hear MAVIS say "Good…" MAVIS will jump to the Main Menu. Wait until MAVIS says "Main Menu" and then ask for "Provider Enrollment". MAVIS will transfer the call to a Provider Enrollment Representative.

Prior Authorized Medications – Update

The list of prior authorized medications has been updated and reformatted on the Medicaid Pharmacy website (www.idahohealth.org). Clinical Criteria for these agents, along with pharmacy PA request forms, are currently posted on the Pharmacy website.

The following medications, requiring therapeutic prior authorization, have been added to the prior authorization list:

Ø Xanax XR®

Ø Xolair®

Ø Klonopin Wafers®

Ø Synagis®

The following medications, requiring brand name prior authorization, have been added to the prior authorization list:

Continued on page 14

Ø Versed®

Ø Navelbine®

Ø Betapace®

Prescribers are reminded clients must have failed or be intolerant of a minimum of two equivalent generic medications, documented on a FDA MedWatch form, for consideration of brand name approval.

The list of prenatal vitamins, which are covered without prior authorization by Medicaid, has been updated and is available the Medicaid Pharmacy website.

New Prior Authorization Procedure & ICD-9 Diagnosis Codes

Medicaid will implement new automated prior authorization software into the pharmacy claims processing process effective October 20, 2003. The prior authorization "rules" will be automated and incorporated into the prior authorization decision-making process. These rules will utilize the client's prescription claim and medical claim history to determine whether the prior authorization request should be approved or denied. The initial step in the prior authorization process is determining whether the appropriate diagnosis is in the client's record.

The ordering physician should submit all appropriate ICD-9 diagnosis codes for the client on a professional claim. This will significantly expedite the automated PA process. Providers will still have the option of calling or faxing requests and additional information to the Pharmacy Unit for consideration.

For questions regarding claims and the prescriber license list, contact EDS (800) 685-3757. For questions regarding prior authorizations, please contact the Medicaid Pharmacy Unit (208) 364-1829. For all other questions regarding the information contained in this release, please contact Colleen Osborn (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

CORRECTED COPY: This release is the corrected version to the previously printed release in the August 2003 *MedicAide* newsletter.

August 1, 2003

Medicaid Information Release MA03-45

TO: **Physicians, Osteopaths, Mid-level Practitioners**
Public Health Departments

FROM: Kathleen P. Allyn, Deputy Administrator

SUBJECT: **Immunization Guidelines**
Public Health Department Local/State Codes

Requirements of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), require transactions and codes be consistent throughout the nation. Idaho, along with all other states, have used local state-only codes to pay for and report services not covered in the national coding books (HCPCS or CPT). Idaho Medicaid, by becoming HIPAA compliant, will no longer be accepting reporting of the state-only codes for immunization services.

Effective for dates-of-service on or after ***September 1, 2003****:* Two new modifiers have been created for vaccines provided through the Vaccines for Children (VFC) program. Modifier SL must be billed with the CPT code for the vaccine and modifier U7 must be billed with administration code 90471. Providers are no longer required to report additional vaccine administrations with CPT 90472. These instructions only apply to vaccines supplied from the VFC program.

Administration of a Free Vaccine

When only a free vaccine(s) is administered, the Medicaid claim must include the following information:

- The appropriate CPT code for the vaccine with *modifier* ***SL*** billed at a zero dollar ($0.00) amount; and
- Administration code 90471 with *modifier* ***U7*** (one unit)

Note: Administration services should be billed at the UCR (Usual and Customary Rate).

Administration of a Free Vaccine with an Evaluation and Management (E/M) Visit

When a free vaccine(s) is administered in conjunction with an E/M visit, the Medicaid claim must include the following information:

- The appropriate CPT code for the vaccine with *modifier* ***SL*** billed at a zero dollar ($0.00) amount; and

Continued on page 15

- Administration code 90471 with *modifier* ***U7*** (one unit)
- The appropriate CPT code for the E/M visit with *modifier* ***25***. In order to bill the E/M code, documentation in the client's record must reflect that additional services were rendered at the time the vaccine was given. If reporting E/M visit with CPT 99201 or 99211, the administration (90471) is not separately billable but is considered inclusive within the E/M.

Note: Administration and E/M services should be billed at the UCR (Usual and Customary Rate)

Administration of a provider-purchased childhood vaccine with or without an E/M Visit
Services provided should be billed at the UCR (Usual and Customary Rate). When a provider-purchased childhood vaccine is administered to a child less than twenty-one (21) years old, the Medicaid claim must include the following information:

- The appropriate CPT or five-digit HCPCS code for the injectable vaccine; and
- Administration code 90471 for the first vaccine and 90472 for each additional vaccine
- And if applicable, the appropriate Evaluation and Management CPT code with *modifier 25*

Administration of a provider-purchased adult Vaccine with an E/M Visit
When an injection or adult vaccine is administered in conjunction with an E/M visit, Medicaid will pay only for the E/M visit and the vaccine. The administration of the vaccine is inclusive in the E/M visit and not separately billable. Services provided should be billed at the UCR (Usual and Customary Rate). The Medicaid claim must include the following information:

- The appropriate CPT or five-digit HCPCS code for the injectable vaccine; and
- The appropriate Evaluation and Management CPT code billed at the UCR (usual and customary rate)

*if administering a provider-purchased adult vaccine without an E/M visit, bill with the HCPCS or CPT for the vaccine and 90471 and/or 90472, as appropriate.

Public Health Department Local/State Codes: Effective for dates-of-service on and after **September 1, 2003**, the local/state codes listed below will become obsolete. Also listed are the appropriate CPT (Current Procedural Terminology) codes that correspond to the obsolete state codes.

Local/State Code	National CPT Code	Description
9633J	90633	Hepatitis A, pediatric/adolescent 2-dose schedule
9634J	90634	Hepatitis A, pediatric/adolescent 3-dose schedule
9647J	90647	Hemophilus influenza b vaccine (Hib) 3-dose schedule
9648J	90747	Hepatitis B vaccine, dialysis or immunosuppressed patients
9669J	90658	Influenza virus vaccine, split, age 3 years and above dosage
9699J	90471	Immunization administration
9700J	90700	Diphtheria, tetanus toxoids, acellular pertussis (DTaP)
9701J	90701	Diphtheria, tetanus toxoids, whole cell pertussis (DTP)
9702J	90702	Diphtheria, tetanus toxoids (DT); child less than 7 years old
9707J	90707	Measles, mumps rubella (MMR), live
9712J	90712	Poliovirus, (OPV), live, for oral use
9712J	90713	Poliovirus, (IPV), inactivated, for subcutaneous use
9716J	90716	Varicella virus, live
9718J	90718	Tetanus, diphtheria toxoids (Td); patient age 7 and older
9720J	90720	Diphtheria, tetanus toxoids, whole cell pertussis, hemophilus influenza B (DTP-Hib)
9731J	90744	Hepatitis B vaccine, pediatric/adolescent, 3-dose schedule
9731J	90746	Hepatitis B vaccine, adult
9737J	90645	Hemophilus influenza b (Hib) 4-dose schedule
9737J	90646	Hemophilus influenza b (Hib) booster use only
9737J	90647	Hemophilus influenza b (Hib) PRP-OMP conjugate 3-dose
9737J	90648	Hemophilus influenza b (Hib) PRP-T conjugate 4-dose
9742J	90371	Hepatitis B immune globulin (HBlg), human

If you have questions regarding the information in this notice, please contact Colleen Osborn (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

EDS
P.O. Box 23
Boise Idaho 83707

PRSRT STD
U.S. POSTAGE PAID
BOISE, ID
PERMIT NO. 220

IDAHO DEPARTMENT OF HEALTH & WELFARE

Attention: Business Office

October Office Closure

The Department of Health and Welfare and EDS offices will be closed for the following State holiday:

Columbus Day, October 13, 2003

A reminder that MAVIS (Medicaid Automated Voice Information Service) is available on State holidays at:

(800) 685-3757 (toll-free) or (208) 383-4310 (Boise local)

Information Releases on Web

To obtain a copy of any current information release, please check the DHW website at **www2.state.id.us/dhw** and select **Medicaid**. If you do not have access to the Internet or do not see the specific release listed and would like a copy, please call (208) 334-5795.

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:
Becca Ruhl,
Division of Medicaid

Cynthia Brandt,
Publications Coordinator,
EDS

If you have any comments or suggestions, please send them to:

ruhlb@idhw.state.id.us

or

Becca Ruhl
DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036

Fax: (208) 364-1911

MedicAide
An informational newsletter for Idaho Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **November 2003**

In this issue:

Regular Features:

Information Releases

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

Recent Changes and How They Impact You

As you are aware, Idaho Medicaid transitioned to the new HIPAA compliant electronic 837 claim formats on October 20, 2003. The details associated with this change have been communicated to you through a variety of means, including the *MedicAide* newsletter. Key changes associated with the October 20 transition included:

HIPAA Compliant Electronic Claim Submission - all providers submitting electronic 837 claim transactions are required to submit them in the HIPAA compliant format.

Prior Authorization (PA) numbers *must* be included on professional, dental, or institutional claims for services which require prior authorization. This requirement includes claims that are submitted electronically or on paper. Multiple prior authorization numbers are allowed on electronic professional and dental claims. Institutional and **all** paper claims may only use one prior authorization number per claim form. **Note:** all providers who submit claims using the paper CMS-1500 form or electronic professional 837 transaction are considered 'professional' providers including Transportation and PCS providers.

Effective for dates of service on or after October 20, 2003, national HCPCS or CPT procedure codes replace Idaho state-only procedure codes. Refer to the provider handbook, available on the October 2003 CD, and online at http://www2.state.id.us/dhw/medicaid/provhb/index.htm. This information can also be found in recent Medicaid Information Releases available online at http://www2.state.id.us/dhw/medicaid/inf/mir.htm.

If you are having difficulty submitting claims in the new format or using the Provider Electronic Solutions (PES) software, there are several sources of assistance available to you:

- Past issues of the *MedicAide* newsletter contain a good deal of information about the changes. The September 2003 and October 2003 newsletters should be especially helpful. They can be found at the following address: http://www2.state.id.us/dhw/medicaid/medicaide/past_issues.htm.
- Direct eligibility and claim issues to MAVIS at 1-800-685-3757. If MAVIS is unable to give you all of the information needed, say the word *AGENT*, and you will be connected to a Provider Service Representative.
- Issues regarding electronic transaction errors should be directed to the Electronic Data Interchange (EDI) department. This can done by calling MAVIS at 1-800-685-3757, say *TECHNICAL SUPPORT*, and you will be connected to the EDI Department.
- For specific billing issues related to PES software issues, refer to your PES Handbook included on the October 2003 CD. For further assistance contact your Regional Provider Relations Consultant. Contact information can be found on page 5 of this newsletter.

Submitted by DHW HIPAA Project Team

It's not too late to get PES training!

Training is still available on how to use PES software to check client eligibility and submit claims. Contact your regional provider relations consultant (PRC) to find out about scheduled classes or to arrange for an individual visit to your office. See page 5 for the name and contact information of the PRC in your region.

Consequences of Filing Claims Using Non-HIPAA Format

Significant effort has gone into preparing Medicaid providers and vendors for the implementation of the HIPAA compliant electronic claim formats, specifically the 837 ASC X12 Version 4010 A1 format for professional, institutional and dental claims. Pharmacy providers changed to their new HIPAA claim format in May.

Our hope is that every provider submitting electronic claims to Idaho Medicaid will be able to successfully send claims in the new HIPAA format for processing.

It is important for everyone to realize that, beginning October 20, 2003, Idaho Medicaid will no longer have the ability to process electronic claims in the previous electronic format. Electronic claims submitted in the old format, or any other non-HIPAA compliant format, will be rejected by our clearinghouse, EBX, and will not be loaded into Idaho Medicaid's claims processing system. If your claims are rejected, you can find out why by downloading and reviewing the Reject Transaction Report from EBX. Since these claims do not make it into the claims processing system, EDS provider services staff will not be able to assist you with claims that are rejected.

To prevent your electronic claims from being rejected, please be sure that you are using either a HIPAA compliant software, such as Provider Electronic Solutions (PES), or that your software vendor is sending your claims in the 837 ASC X12 Version 4010 A1 HIPAA format.

Submitted by DHW HIPAA Project Team

PA on Electronic Professional and Dental Claims

When billing electronically, Professional and Dental providers may now use more than one prior authorization (PA) number on a claim.

A PA number entered at the header of a claim is used for all the details on the claim to which it applies. A PA number entered at any detail of a claim is used for that particular detail.

When a PA number is entered at the header and a **different** PA number is entered on a detail, the PA at detail is applied to that particular detail. **However**, if a PA number is entered at the header and the **same** PA number is entered on a detail, **the entire claim will be rejected.**

Note: all providers who submit claims using the paper CMS-1500 form or electronic professional 837 transaction are considered 'professional' providers including Transportation and PCS providers.

Submitted by EDS

Division of Medicaid Is Moving

On October 10, 2003 the Division of Medicaid staff currently located at 3380 Americana Terrace will move to a new location. The new location is at 3232 Elder Street, Boise 83705-4711. Phone numbers for Americana staff will not change. On October 17, 2003, the Division of Medicaid staff located at 200 N 4th Street will also move to the new location. Phone numbers for the 4th Street staff will change on November 1st. You will be notified of the new numbers at a later date.

DHW Phone Numbers

Addresses

Web Sites

DHW Websites:
www.idahohealth.org

www2.state.id.us/dhw

www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

DHW Customer Service

(800) 378-3385
(208) 334-5795

Idaho Careline

211 (not available in all areas)
(800) 926-2588

Provider Fraud and Utilization Review
P. O. Box 83720
Boise, ID 83720-0036

(866) 635-7515 (toll free)
(208) 334-0675

Email:
~medicaidfraud&sur@idhw.state.id.us
(note: begins with ~)

Internet:
www2.state.id.us/dhw/Medicaid/providers/fraud.htm

Healthy Connections

Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766

Region II - Lewiston
(208) 799-5088
(800) 799-5088

Region III - Caldwell
(208) 455-7280
(800) 494-4133

Region IV - Boise
(208) 334-4676
(800) 354-2574

Region V - Twin Falls
(208) 736-4793
(800) 897-4929

Region VI - Pocatello
(208) 239-6260
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945

Spanish Speaking
(800) 862-2147

Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5795
(800) 378-3385

Prior Authorization Phone Numbers Addresses Web Sites

DME Prior Authorizations

DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

EMS Review Unit

(800) 362-7648
(208) 334-2484

Fax
(800) 359-2236
(208) 334-5242

PCG

P.O. Box 2894
Boise, ID 83701

(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

Pharmacy
P.O. Box 83720
Boise, ID 83720-0036
(877) 200-5441 (toll free)
(208) 364-1829
Fax (208) 364-1864

Web: www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

Qualis Health (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax (800) 826-3836 or
(206) 368-2765

Qualis Health Website
www.qualishealth.org/idahomedicaid.htm

Transportation Prior Authorization Unit

(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

POS Device Frequently Asked Questions

In September, the Division of Medicaid began distributing POS devices to Idaho Medicaid providers. To help providers use the device more easily, the following frequently asked questions are answered.

Q. At my office, we need to dial '9' before making an outside call. Do we also need to dial '9' with our POS device? How do we set that up?

A. If you need to dial a number before making an outside call from your office telephone, you will need to set up the POS device to also dial that number. This is called the Private Automatic Branch Exchange (PABX) code. Most phone systems use the number 9. To set up your POS device, you will change the PABX code to read: **9,** (That is, the number nine followed by a comma.)

Step 1. Begin at the WELCOME screen and press any button. Select **F3** (SYSTEM), **F2** (DEVICE SETUP), and enter the password **000000** (six zeros). Press the green arrow key.

Step 2. Select **F4** (TERMINAL) and verify that the screen displays: **#1/1:**

Step 3. Select **F3** (SLCT), **F2** (NEXT), **F2** (NEXT). The screen should say EDIT TERMINAL. On the next line it should say PABX Code. There should be no number entered for the code at this time.

Step 4. Select **F3** (EDIT) and enter **9 *** (or the number you must dial for outside calls followed by an asterisk.) Press the ALPHA key. This will change the asterisk into a comma. You will now see this displayed: **NEW: 9,**

Step 5. Press the green arrow key to accept the change and select **F4** (EXIT). You will be prompted to cancel or save changes. Select **F2** (OK) and **F4** (EXIT).

Q. I received the error message: NO CARRIER AVAILABLE

A. There are two common causes of this error message. The first is a bad phone line. Check the line by disconnecting the POS device and connecting a telephone. If there is a dial tone, you have a good line. If there is no dial tone, you will need to fix the line.

The second cause is that a '**9**' (or other number) is entered as a PABX code when it is not necessary to dial a **'9'** to get an outside phone line. This error is the opposite of the first question about dialing '**9**' to get an outside line. Follow the above instructions for adding the PABX code. At Step 3, the screen should show **PABX Code** followed by a number. If there is a number, select **F3** (EDIT) and press the green arrow key to delete the PABX number. Select **F4** (EXIT). You will be prompted to cancel or save changes. Select **F2** (OK) and **F4** (EXIT).

Q. After entering the client information and sending the transaction, I received the error message *997 HOST ERROR*. What's the problem?

A. Check to see that the POS device is set to the current date. If it doesn't have the current date, follow these instructions.

Step 1. Begin at the WELCOME screen and press any button. Select **F3** (SYSTEM), **F2** (DEVICE SETUP), and enter the password **000000** (six zeros). Press the green arrow key. The SETUP menu appears.

Step 2. Press the purple NEXT key twice to move through the menu until DATE/TIME appears. Select **F2** (DATE/TIME).

Step 3. Enter the correct **date** using the MMDDYYYY format. As an example, November 5, 2003 would be entered as 11052003. Press the green arrow key to complete the date change.

Step 4. Enter the correct **time** using the HHMMSS format where HH refers to the hour in military time, MM is minutes, and SS is seconds. For example, a time of 8:30 a.m. at zero seconds must be entered as 083000; 3:30 p.m. at 45 seconds must be entered as 153045. Press the green arrow key to complete the change.

Step 5. Press the red **X** key (CANCEL) until you are back to the screen with the date and time. Verify that they are correct.

(Continued on page 4)

(Continued from page 3)

Q. I swipe the card through the slot but nothing happens. What do I need to do?

A. The card can only be read from the 'Welcome to IDAIM' screen. Make sure that this is the screen that is displaying. If it isn't there, press the red cancel button until the Welcome screen displays. Also, please remember that the slot on the front of the POS device is not activated and does not read the card.

Q. When I try to send an inquiry, there is an error message that says: No Line Available.

A. The common causes of this problem are usually related to the telephone cord such as no cord connected to the POS device, a defective telephone cord between the POS device and the wall jack, a defective telephone line inside the building, or the telephone cord is plugged into a network connection.

Make sure that the telephone cord is connected at both ends and try again. If it still says 'no line', disconnect the POS device and connect a telephone to the line. Listen for a dial tone. If there is no dial tone, the cord is probably defective and needs to be replaced. Replace the cord between the telephone and wall jack with a cord you know is good and re-test with a telephone. If there is a dial tone, disconnect the phone and reconnect the POS device. If there is no dial tone, then you will have to check the phone jack and the telephone line itself.

Q. Where can I purchase replacement paper and what type of paper do I need to purchase?

A. Most office supply stores carry thermal calculator paper. It must be 2.25 inches wide. Refer to the Verifone Omni 3700 Installation Guide on the CD that was sent to you for more information and specifications. Rolls can also be ordered from Verifone.

Submitted by *EDS* EDI Team

HIPAA Changes in MAVIS

MAVIS, the Medicaid Automated Voice Information Service, is being impacted by HIPAA. This change is because state-only codes are being converted to standardized national codes. The change affects procedure codes, modifiers, and limitations.

Procedure Codes

When responding to questions about procedure codes, MAVIS will ask the caller if the provider number entered at the beginning of the call is the same provider number used for billing the procedure. MAVIS will use the provider number to determine the provider's specialty and appropriate procedure codes for that specialty.

MAVIS will still use state-only codes for services rendered October 19, 2003, and before. However, if the service was rendered **on or after October 20, 2003**, you will need to use the correct national code. If you request information on a state-only code for services on or after October 20, MAVIS will say, "State-codes may no longer be used. Please enter a national procedure code." National codes can be found in HCPCS, CPT and CDT 2 books, information releases, and the Idaho Medicaid Provider Handbook. **Note:** generally, state-only codes have four digits and end with an alpha character.

Modifiers

MAVIS uses modifiers to determine if a particular provider specialty uses a particular procedure code. After entering the correct procedure code, MAVIS will ask for the 2-character modifier. Refer to the HCPCS or CPT books, information releases, and/or the provider handbook for appropriate modifiers. If you enter the wrong modifier three times, your call will be transferred to a provider service representative. Not all procedure codes require a modifier.

Service Limits

The calculation of service limits will be unaffected by the conversion from old to new procedure codes. The system will automatically count units for service limits using old codes and new codes. The combination of units, regardless of the code used, will count toward the service limit.

Submitted by *EDS* EDI Team

EDS Phone Numbers Addresses

MAVIS
(800) 685-3757
(208) 383-4310

EDS Correspondence
PO Box 23
Boise, ID 83707

Provider Enrollment
P.O. Box 23
Boise, Idaho 83707

Medicaid Claims
PO Box 23
Boise, ID 83707

PCS & ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Fax Numbers

Provider Enrollment
(208) 395-2198

Provider Services
(208) 395-2072

Client Assistance Line
Toll free: (888) 239-8463

DHW HIPAA Project

Mail:
DHW HIPAA Project
DHW
PO Box 83720
Boise, ID 83720-0036

Email:
HIPAAComm@idhw.state.id.us

Fax:
DHW HIPAA Project
(208) 334-0645

Internet:
www.idahohealth.org
(select H&W HIPAA quicklink)
or
www2.state.id.us/dhw/hipaa/index.htm

Software Testing:
(866) 301-7751

EDS Phone Numbers Addresses

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., # 102
Coeur d'Alene, ID 83814

prudie.teal@eds.com
(208) 666-6859
(866) 899-2512 (toll free)
Fax (208) 666-6856

Region 2
JoAnn Woodland
1118 F Street
P.O. Drawer B
Lewiston, ID 83501

joann.woodland@eds.com
(208) 799-4350
Fax (208) 799-5167

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605

mary.jeffries@eds.com
(208) 455-7162
Fax (208) 454-7625

Region 4
Jane Hoover
1720 Westgate Drive, # A
Boise, ID 83704

jane.hoover@eds.com
(208) 334-0842
Fax (208) 334-0953

Region 5
Penny Schell
2241 Overland Avenue
Burley ID 83318

penny.schell@eds.com

Burley: Tuesday & Friday
(208) 677-4002

Twin Falls: Mon, Wed, Thurs
(208) 736-2143
Fax (208) 678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201

sheila.lux@eds.com
(208) 239-6268
Fax (208) 239-6269

Region 7
Bobbi Woodhouse
150 Shoup Avenue
Idaho Falls, ID 83402

bobbi.woodhouse@eds.com
(208) 528-5728
Fax (208) 528-5756

September 30, 2003

MEDICAID INFORMATION RELEASE MA03-20

To: **All Physicians, Radiologists and Radiology Technical Services Providers**

From: Kathleen P. Allyn, Deputy Administrator

SUBJECT: **Mobile Imaging Unit Billing For Technical Radiology Services**

The Department would like to take this opportunity to clarify billing procedures for Mobile Imaging services. Currently claims are being denied, paid incorrectly, or pending unnecessarily due to billing errors. Radiology services have both a professional and technical component for every procedure. For clarification:

Physicians/Radiologists owning, leasing, or renting the mobile radiology equipment:
When a physician both supervises and interprets the radiology procedure:

- Physician bills the CPT procedure under his own physician provider number without a modifier;

When a physician supervises the radiology, then sends it to a radiologist to interpret:

- the Physician bills the CPT procedure under his own physician provider number with the technical component modifier – **TC and**
- the Radiologist bills the CPT procedure code under his own physician provider number with the professional modifier – **26.**

Radiology Technicians owning, leasing, or renting the mobile radiology equipment:

- Radiology technician must be enrolled by EDS as a Radiology Technician provider.
- Radiology Technician bills the mobile procedure with the technical component modifier – **TC*** under his own Radiology Technician provider number.
- The physician or radiologist interpreting the results must bill with the professional component modifier **-26.**

**As described in Appendix I of the HCPCS (Healthcare Common Procedure Coding System) Level II manual (2003 edition).*

All radiology technician providers currently enrolled with EDS will be receiving a separate letter from the Department requesting proof of ownership, lease, or rental agreements. If it is found that physicians, clinics, or hospitals are enrolled under the *Radiology Technician* specialty in error, those providers will be contacted and instructed about which provider number to bill under in the future.

Effective immediately, Mobile Radiology services should be billed using place of service **15 – Mobile Unit.**

If you have questions regarding the information in this release, please contact Arla Farmer at (208) 364-1958. Thank you for your continued participation in the Idaho Medicaid Program.

September 24, 2003

MEDICAID INFORMATION RELEASE 2003-62

TO: **DME (Durable Medical Equipment) Providers**
FROM: Kathleen P. Allyn, Deputy Administrator
SUBJECT: **DME State-Only Procedure Codes**

Effective **for dates of service on or after October 20, 2003,** Idaho will be converting the following **DME** state-only codes to the appropriate HCPCS codes in the table below. In the past, Idaho has used local state-only codes to pay for and report services not covered in the national coding books (HCPCS or CPT). Federal regulations associated with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require that transactions and codes be consistent throughout the nation.

Please be aware that the handheld shower is only allowed for clients enrolled in a waiver program. Depending on which waiver program the client is enrolled with, providers will be required to attach an appropriate modifier to the E1399 HCPCS. Refer to the modifier table for a listing of waiver modifiers.

State	Service Description	HCPCS	PA	HCPCS Description
0132E	Pediatric Positioning Car	T2042	No	Therapeutic positioning seat for use in vehicle
0152E	Handheld shower *(PA infor-*	E1399	**Yes**	DME; miscellaneous *(handheld shower allowed for*
0905E	Wheelchair labor	E1340	No	Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes.
4085B	MIC tube	B4086	No	Gastrostomy/jejunostomy tube, any material, any type, (standard or low profile), each
4086B	MIC button	B9998	No	NOC for enteral supplies *(requires invoice for pricing)*
A4453	Tape	A4450	No	Tape, non-waterproof, per 18 square inches
4570E	Sterile Q-tips	A4649	No	Surgical supply; miscellaneous *(requires invoice for pric-*
5200S	Infusion Dextrose 5%/	None		*This code became obsolete as of* ***April 29, 2003***
6758S	Adult brief, disposable, X-	A4524	No	Adult incontinence garment, each
S8405	Disposable liners or shields for incontinence, each	A4535	No	Disposable liner/shield for incontinence, each

Modifier	Description
U2	Aged and Disabled Waiver Program ***(A&D waiver)***
U3	Traumatic Brain Injury Waiver Program ***(TBI waiver)***
U8	Developmental Disability/ISSH Waiver Program ***(DD/ISSH waiver)***

DME for waiver services require prior authorization from the RMS (Regional Medicaid Services) in your area. Please contact the nearest office listed below:

Coeur d'Alene Region (208) 769-1567
Caldwell Region (208) 455-7150
Twin Falls Region (208) 736-3024
Idaho Falls Region (208) 528-5750
Lewiston Region (208) 799-4430
Boise Region (208) 334-0940
Pocatello Region (208) 239-6260

If you have questions regarding the information in this notice, please contact the DME Prior Authorization Unit 866-205-7403. Thank you for your continued participation in the Idaho Medicaid Program.

November 1, 2003

MEDICAID INFORMATION RELEASE MA03-85

To: **All Providers**

From: Kathleen P. Allyn, Deputy Administrator

Subject: **Place-of-Service Codes for Professional Claims**

Effective for dates of service on or after October 20, 2003, Idaho will be converting the following state-only place of service codes to the appropriate national codes in the table below. In the past, Idaho has used local state-only codes to report places-of-service not covered in the national coding books. Federal regulations associated with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require that transactions and codes be consistent throughout the nation.

State-Only	Description	National	Description
17	Well Child Clinic	60	Mass Immunization Center
18	Community	99	Other Place of Service
19	School	03	School
39	Adult Day Care	99	Other Place of Service
98	Private Non-Medical Institution	**N/A**	***This POS will become obsolete as of 10/20/03***

Places-of-Service for Encounter Codes

Rural Health Clinics, Indian Health Clinics, Federally Qualified Health Centers bill with encounter codes. The following POS codes can be billed with the encounter codes T1015 and/or D2999 (Dental encounter code only pertains to FQHC and Indian Health Clinics).

National POS	Description
05	Indian Health Service; Free-standing Facility
06	Indian Health Service; Provider-based Facility
07	Tribal 638; Free-standing Facility
08	Tribal 638; Provider-based Facility
50	Federally Qualified Health Center (FQHC)
72	Rural Health Clinic
11	Office (continue to use until 10/20/03)

New Radiology Services POS

Medicaid is activating the new POS 15- *Mobile Unit* specifically for mobile radiology units.

POS	POS Name	Description
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services. ***Limited to mobile radiology units***.

New National POS Codes Not Listed in this Release

There are other new national POS codes that have been created but have not yet been added into our payment system. *Unless listed above, providers should continue to bill with the POS codes they have been using until notified by the Department that the new codes are available to use.*

If you have questions regarding the information in this release, please contact Colleen Osborn (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

EDS
P.O. Box 23
Boise, Idaho 83707

PRSRT STD
U.S.POSTAGE PAID
BOISE, ID
PERMIT NO. 220

IDAHO DEPARTMENT OF HEALTH & WELFARE

November Office Closures

The Department of Health and Welfare and EDS offices will be closed for the following State holidays:

Veterans Day, November 11

Thanksgiving Day, November 27

A reminder that MAVIS (the Medicaid Automated Voice Information Service) is available on State holidays at:

(800) 685-3757 (toll-free) or (208) 383-4310 (Boise local)

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:
Becca Ruhl,
Division of Medicaid

Cynthia Brandt,
Publications Coordinator,
EDS

If you have any comments or suggestions, please send them to:

ruhlb@idhw.state.id.us

or

Becca Ruhl
DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036

Fax: (208) 364-1911

MedicAide
An informational newsletter for Idaho Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **December 2003**

In this issue:

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

Helpful Information About PES Software

Almost 90% of all Idaho Medicaid claims are submitted electronically. Electronic billing allows providers to submit claims individually or in batches and have them processed within hours instead of days.

If you are one of the providers using PES (Idaho Medicaid's billing software), here are some suggestions to improve your billing experience.

PES Handbook

In addition to the PES software, there is a PES user handbook on the Idaho Medicaid Provider Resources CD that contains detailed instructions on installation/upgrading, checking eligibility, submitting claims, creating lists, and receiving reports. The PES handbook can be copied to your computer hard drive or LAN for faster access. When using the electronic version, you can search for topics, copy information into your own office procedure materials, and print desired instructions. You also can print the entire PES handbook or selected parts.

The most important thing to remember about the PES password: Don't lose it!

PES Password

You need a password to access PES. This is an important security feature to help protect the confidentiality of your client records. When you first install the software, the user ID is *pes-admin.* The user password is *eds-pes. The* system immediately prompts you to create a new password with 5-10 letter or numbers. Here are some important points about that password:

- The most important thing to remember about the PES password: Don't lose it! Write it down in a safe place. Unlike the MAVIS password, EDS **cannot** reset your PES password. You will have to reinstall PES if you lose your password.
- Be sure that all authorized users know what the password is.
- It is recommended that you change the password if an authorized user leaves your employment.
- Be sure that all authorized users know when the password is changed.

See ***Section 14*** in the PES handbook for more information on setting and changing passwords.

Checking on Claims

You can see if your claims have been received by checking the communications log. Go to "Communication" on the menu bar at the top of the screen. Select "View Communication Log". Click on the top listing. In the listings, go to the where it says **FILE** in big bold letters. Under that you will find the external batch number. If there is a batch number, your claims have been received by EDS. If a claim is shown as received, that doesn't

(Continued on page 2)

Helpful Information About PES Software

(Continued from page 1)

mean it has been accepted for processing. See ***Section 11*** in the PES handbook for more information on accept and reject reports.

Additional Assistance
If you need additional assistance with PES, EDS offers three forms of support.

- For PES **training,** contact your regional provider relations consultant.
- For **troubleshooting technical issues, see Section 17** in the PES handbook.
- For **further assistance** with technical issues, call MAVIS and ask for *TECHNICAL SUPPORT. (Ask for AGENT* if you have billing or eligibility questions.)

Miscellaneous Tidbits

- For PES to work, do **not** log onto the Internet when dialing out with the PES software.
- If you have an older computer with limited memory, PES will work better and faster if you close all other programs.

Submitted by EDS EDI Team

Durable Medical Equipment Providers

Did you know that when oxygen claims are billed electronically they pay faster?

You use the same information as on the paper claim with the Certificate of Medical Necessity, however, all paper claims pend for handling by a claims adjudicator. Electronic claims go straight through.

To make it easier to submit electronic claims when using PES software, you can copy an old claim, change the relevant dates of service and submit it as a new claim.

New PA Process for Pharmacies

The Division of Medicaid and EDS have begun implementing SmartPA — a new automated process that will speed prior authorization for retail pharmacy claims.

SmartPA is a software program that examines the clinical rules for retail drug prior authorization and reports whether or not the PA is needed and if the client history meets the clinical criteria for the drug.

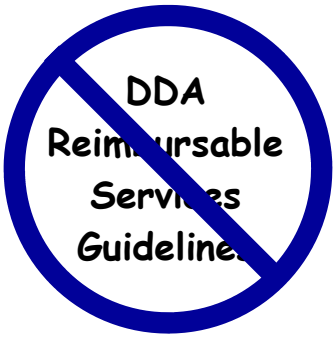
In addition to faster processing, the benefits of using SmartPA include more consistent PA reviews and the ability to provide better clinical and therapeutic management for drug utilization. Look for additional information in the mail.

Update: Developmental Disabilities Agencies

DDA Reimbursable Services Guidelines are no longer in effect. For information about services and reimbursement, providers should rely on the following resources:

Rules in the Idaho Administrative Bulletin at:
www2.state.id.us/adm/adminrules/bulletin/03sept.pdf

And the Medicaid Provider Handbook at:
www2.state.id.us/dhw/medicaid/provhb/index.htm



DHW Phone Numbers
Addresses
Web Sites

DHW Websites:
www.idahohealth.org

www2.state.id.us/dhw

www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

Idaho Careline

211 (not available in all areas)
(800) 926-2588

Provider Fraud and Utilization Review
P. O. Box 83720
Boise, ID 83720-0036

(866) 635-7515 (toll free)
(208) 334-0675

Email:
~medicaidfraud&sur@idhw.state.id.us
(note: begins with ~)

Internet:
www2.state.id.us/dhw/Medicaid/providers/fraud.htm

Healthy Connections
Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766

Region II - Lewiston
(208) 799-5088
(800) 799-5088

Region III - Caldwell
(208) 455-7280
(800) 494-4133

Region IV - Boise
(208) 334-4676
(800) 354-2574

Region V - Twin Falls
(208) 736-4793
(800) 897-4929

Region VI - Pocatello
(208) 239-6260
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945

Spanish Speaking
(800) 862-2147

Statewide
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5795
(800) 378-3385

Prior Authorization Phone Numbers Addresses Web Sites

DME Prior Authorizations

DME Specialist
Bureau of Care Management
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

EMS Review Unit

(800) 362-7648
(208) 334-2484

Fax
(800) 359-2236
(208) 334-5242

PCG

P.O. Box 2894
Boise, ID 83701

(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

Pharmacy

P.O. Box 83720
Boise, ID 83720-0036
(877) 200-5441 (toll free)
(208) 364-1829
Fax (208) 364-1864

Web: www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

Qualis Health (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax (800) 826-3836 or
(206) 368-2765

Qualis Health Website
www.qualishealth.org/idahomedicaid.htm

Transportation Prior Authorization Unit

(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

Coming Soon - HIPAA Electronic Claim Status Transaction

In February 2004, Idaho Medicaid providers who submit professional, institutional or dental claims will have the option of requesting claim status information electronically using the HIPAA 276 transaction and receiving the response via the HIPAA 277 transaction. The claim status transaction will be a batch rather than an interactive transaction.

The new HIPAA-compliant claim status transaction does not replace the current option of calling MAVIS for claim status information but provides an additional electronic option. To use the 276/277 claim status transaction, providers will need to use vendor software that is programmed to support the transaction. At this time, the transaction is not supported in the EDS PES software product.

Submitted by DHW HIPAA Project Team

Place of Service Codes

Idaho Medicaid has seen a significant increase in the number of claim denials on professional claims for invalid or missing place of service. If you have received this denial, be sure you are using valid places of service. Check information release MA03-85 in the November newsletter for the latest place of service values.

A Note From MAVIS

Dear Readers: This is so embarrassing but I thought I should mention it. The other day someone called the EDS business office and asked to speak to me. Well, they were given my regular telephone numbers to use but it got me to thinking.

You do know that I'm not human, don't you? In fact, I am just a small box of circuits and memory chips in a backroom in Boise with a part of my brain in Texas. I stand 22 inches tall and weigh about 40 pounds. I hope you aren't disappointed by this and that we can still work together.

I must admit that I do have trouble with some calls because there is too much background noise for me. When you call, please try to limit the noise from radios, printers, and fax machines and don't use a speaker phone; that will help me understand you better.

Also, always use my Medicaid Automated Voice Information Service telephone numbers when calling *EDS* for information about the Idaho Medicaid program. The numbers are: (800) 685-3757 (toll-free) and (208) 383-4310 (Boise calling area). If you have a question that really needs a person to answer, I have three choices to offer you during normal business hours:

AGENT will connect you to a provider service representative who can help you with billing and eligibility questions (such as procedure codes and timely filing)

TECHNICAL SUPPORT will connect you to the EDI Help Desk. They can help you with technical questions about PES and POS (such as trouble connecting to the bulletin board.).

PROVIDER ENROLLMENT will connect you to a provider enrollment specialist. They can help you with enrollment questions (such as license renewal.)

As you humans say, I'm always here, 24/7, for your eligibility and claim inquiries.

MAVIS

p.s. If you would like to read more on how to use my automated features, the Idaho Medicaid Provider Handbook has a whole appendix all about me. It is available on the Idaho Medicaid Provider Resources CD.

1099 Federal Miscellaneous Information Form for 2003

Providers are reminded that the 2003 tax year is coming to a close. Please verify that the provider name and mailing address on your most recent RA is correct. After the first of the year, the federal 1099 form will be sent to the current name and address on file with *EDS*.

Avoid delays in receiving the 1099 form by ensuring that *EDS* has current information on file. Please use the attached Change of Provider Information Authorization Form. It is also available in your Idaho Medicaid Provider Handbook Forms Appendix. The provider must sign the form to authorize a change in the pay-to name or address, or the tax ID number.

Make it a routine practice to notify *EDS* Provider Enrollment whenever changes are made to phone numbers, mailing and billing addresses, names of group members, W-9 changes, and banking information for electronic funds transfer (EFT).

Change of Provider Information Authorization Form

Provider Number:	**Provider Name:**
Date requested information is effective:	
Please change the information for the following name(s) or address(es): _____ Pay-to (Includes RA & check) _____ Mail-to (Includes correspondence) _____ Service Location(s) (Physical address change or add)	
Old Name	New Name (attach a signed W-9 with effective date if Pay-To name is changing)
Old Address:	New Address:
Old Telephone Number:	New Telephone Number:
Old Tax ID Number:	New Tax ID Number: (attach a signed W-9 with effective date)
Additional Comments	
Provider Signature: **Date Signed:**	

Mail to: EDS
Provider Enrollment
P.O. Box 23
Boise, ID 83707

Fax to: EDS
att. Provider Enrollment
(208) 395-2198

Submitted by *EDS* Financial Team

EDS Phone Numbers Addresses

MAVIS
(800) 685-3757
(208) 383-4310

EDS Correspondence
PO Box 23
Boise, ID 83707

Provider Enrollment
P.O. Box 23
Boise, Idaho 83707

Medicaid Claims
PO Box 23
Boise, ID 83707

PCS & ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Fax Numbers

Provider Enrollment
(208) 395-2198

Provider Services
(208) 395-2072

Client Assistance Line
Toll free: (888) 239-8463

DHW HIPAA Project

Mail:
DHW HIPAA Project
DHW
PO Box 83720
Boise, ID 83720-0036

Email:
HIPAAComm@idhw.state.id.us

Fax:
DHW HIPAA Project
(208) 334-0645

Internet:
www.idahohealth.org
(select H&W HIPAA quicklink)
or
www2.state.id.us/dhw/hipaa/index.htm

EDS Phone Numbers

Addresses

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., # 102
Coeur d'Alene, ID 83814

prudie.teal@eds.com
(208) 666-6859
(866) 899-2512 (toll free)
Fax (208) 666-6856

Region 2
JoAnn Woodland
1118 F Street
P.O. Drawer B
Lewiston, ID 83501

joann.woodland@eds.com
(208) 799-4350
Fax (208) 799-5167

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605

mary.jeffries@eds.com
(208) 455-7162
Fax (208) 454-7625

Region 4
Jane Hoover
1720 Westgate Drive, # A
Boise, ID 83704

jane.hoover@eds.com
(208) 334-0842
Fax (208) 334-0953

Region 5
Penny Schell
2241 Overland Avenue
Burley ID 83318

penny.schell@eds.com

Burley: Tuesday & Friday
(208) 677-4002

Twin Falls: Mon, Wed, Thurs
(208) 736-2143
Fax (208) 678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201

sheila.lux@eds.com
(208) 239-6268
Fax (208) 239-6269

Region 7
Bobbi Woodhouse
150 Shoup Avenue
Idaho Falls, ID 83402

bobbi.woodhouse@eds.com
(208) 528-5728
Fax (208) 528-5756

Prior Authorization Information

Effective October 20, 2003, important changes have been made that affect the way prior authorizations are used.

Procedure Codes Ending with a Letter
Providers who have services prior authorized need to review the PA notices they receive before they bill. If the date range given for the PA is for services rendered on or after 10/20/03, then the procedure code on the PA notice **cannot end with a letter**. If it does, the provider needs to verify the code with MAVIS to see if it is still effective. If MAVIS says the code is not covered, the provider will need to call the authorizing agency on the last page of the prior authorization notice to have the procedure code corrected.

Electronic Professional and Dental Claims
When billing electronically, Professional and Dental providers may use more than one prior authorization (PA) number on a claim.

Enter the PA number at the header on a claim. It will automatically be used for all the details on the claim to which it applies. In addition, you can enter a different PA number at any detail of a claim to apply to that particular detail. **However**, if a PA number is entered at the header and the **same** PA number is entered on a detail, **the entire claim will be rejected.**

> Note: all providers who submit claims using the paper CMS-1500 form or electronic professional 837 transaction are considered 'professional' providers including Transportation and PCS providers.

You Can Increase Your Claim Submission Success

In November providers will need to resubmit over 66,000 detail lines on claims that totaled $4,668,074. Why? They made at least one of the 10 most common billing errors. As a result, they will need to correct these claims and resubmit them before their claims can be paid.

To save yourself time and receive reimbursement more quickly, here are a few of the most common claim denial reasons and suggestions on how you can avoid them.

1.	**EOB 010**	**Healthy Connections provider number must be in referral field.** This is our most common billing error and is easily corrected. Always check if your client is in the Healthy (HC) Connections program (information available from MAVIS). If they are and the service you render requires a referral, you must enter the HC provider's referral number in the appropriate field on the claim.
2.	**EOB 817**	**No matching prior authorization on file.** Effective October 20, 2003, the prior authorization number must be included on **all** claims for **all** services that require prior authorization. Check your provider handbook and information releases for more information.
3.	**EOB A01**	**Exact duplicate of a previously submitted claim.** Wait 10 days and check your remittance advice for denied and pended claims before resubmitting a claim. If the claim is in a pend status, do not resubmit the claim. If the claim is denied, you can submit a new claim with corrected information.
4.	**EOB 246**	**Procedure, modifier(s), or proc/mod combination is invalid or not on file.** Effective October 20, 2003, new modifiers were created for many services. Check your provider handbook and be sure to use the correct codes and modifiers that you find there.
5.	**EOB 300**	**Local procedure codes not allowed as of 10/20/2003** As of October 20, 2003, all local codes were replace with national codes. Most local codes end with a letter. As an example, local code 0641P was replaced with S5145 and requires the modifier U3. When billing for services that you rendered **on or after** October 20, 2003, be sure that you are using the correct national code. Check your provider handbook for a complete listing of codes and their effective dates.

October 23, 2003

MEDICAID INFORMATION RELEASE MA03-89

TO: **Developmental Disabilities Agencies, Targeted Service Coordination Agencies, and ISSH and DD Waiver Services Providers**

FROM: Kathleen P. Allyn, Deputy Administrator, Division of Medicaid

SUBJECT: **NEW SERVICES AND BILLING CODES FOR ADULTS WITH DEVELOPMENTAL DISABILITIES**

Community Crisis Supports is a new service available to Adults with Developmental Disabilities **beginning October 20, 2003.** Community Crisis Supports includes intervention for a participant in a crisis situation to ensure their health and safety or prevent hospitalization or incarceration. Crisis situations may include: loss of housing, employment or reduction of income, risk of incarceration, risk of physical harm, family altercation or other emergencies. This service must be **authorized prior to billing.** It may be authorized the following business day after the intervention if there is a documented need for immediate intervention and no other means of support is available and the services are appropriate to rectify the crisis. This service is limited to a maximum of 80 units (20 hours) per crisis, for 5 consecutive days. Community Crisis Supports may be provided by Targeted Service Coordinators, Plan Developers, Plan Monitors, Developmental Disability Agencies, Community Supported Employment agencies, Residential Habilitation Agencies, Certified Family Home/Residential Habilitation Providers, Adult Day Care Providers, Respite Providers, Nursing Service Providers, or Behavior Consultation Providers. Community Crisis Supports is billed with code H2011 and reimbursed at $11.02 per 15 minute unit.

Plan Development is a new service that allows for hourly payment for plan development. It must be provided by a Targeted Service Coordinator. The plan developer is chosen by the participant and may be reimbursed for participation in the budget negotiation meeting, facilitating the person centered planning meeting, writing the plan of service and any subsequent addenda. The billing code is G9007. **This is effective for dates of service on or after November 1, 2003,** and may be used for development of plans that are developed using the new Adult DD Care Management business model. This service must be **authorized prior to billing.** It is reimbursed at $10.00 per 15 minute unit and is limited to 48 units (12 hours) per calendar year.

State code 8253A (ISP Development) will no longer be effective for billing for date of service on or after April 1, 2004. All initial and annual plans developed on or after March 1, 2004, will be reimbursed when billed using code G9007 - Plan Development.

Plan Monitoring is a new service that allows for hourly payment for monitoring of the plan when the participant does not have a Targeted Service Coordinator. It is **effective for dates of service on or after November 1, 2003**. Reimbursable activities include: discussion of the plan of service in a face-to-face contact with the participant or legal representative to identify current status of programs and changes if needed; contact with service providers to identify barriers to service provision; discuss participant satisfaction regarding quality and quantity of service; and review of provider status reports to complete the plan monitor summary. The service code is G9012 and may be used to monitor plans that have been developed using the Adult DD Care Management business model. It is reimbursed at $10.00 per 15 minute unit. This service is limited to32 units (8 hours) per calendar year. **If the participant chooses a Targeted Service Coordinator to do plan monitoring, the monthly rate paid to Service Coordinators includes this function; therefore, plan monitoring cannot be billed as a separate service.**

If you have any questions please contact Jean Christensen at 364-1828.

Thank you for your continued participation in the Idaho Medicaid Program.

Department of Health and Welfare
Care Management Bureau
CRISIS AUTHORIZATION WORKSHEET

Provider Agency: **Staff Requesting:**

Consumer Name: **Date:** **Time Began:** **Time End:** **Total Time:**

SSN: **MID #** **Service at ER? Y N** **Age:** **Gender:**

Current Living Situation: (Check one)

☐ LA – Live ☐ F - Live with Friends ☐ RALF- Residential Assisted Living Facility ☐ CF – Corrections Facility

☐ S- Live with Spouse ☐ SH- Shelter Home ☐ NW/CFH-Non-Waiver Certified Family Home ☐ HL – Homeless

☐ P-Lives with Parents/Stepparents ☐ FH- Foster Home ☐ W/CFH-Waiver Certified Family Home

☐ R-Live with Relatives ☐ RC- Respite Care ☐ J-Jail

Employment Status: (Check one)

☐ IE-Independent Employment ☐ NW-Non-Waiver Supported Employment ☐ UE-Unemployed ☐ Volunteer

☐ W-Waiver Supported Employment ☐ EMP/SW-Sheltered Workshops ☐ S-School

Presenting Problem:

Is substance abuse involved with the incident?

☐ Alcohol ☐ Drugs ☐ Both ☐ None

Crisis Service Provided:

Crisis Resolution Plan (Plan for intervention that resolves crisis):

Crisis Prevention Plan (What will occur to prevent future crisis):

Crisis Outcome (Follow-up within 7 days by Care Manager):

Crisis Hours Authorized:
H2011– Community Crisis Support Number of Units ___ Start Date ___ End Date ___

Prior Authorization #

Crisis Hours Denied:
H2011 – Community Crisis Support Number of Units ___
Explanation for Denial:
Care Manager Signature_____ **Date:** _____

Care Management Process:

1. Upon receipt the Care Manager has (3) business day hours to make a determination on the request or notify the provider of missing information.
2. When the provider receives the notification, they have (3) business day hours to submit the missing information to the Care Manager.
3. The request will be "CLOSED" if the Care Manager does not receive the identified information within (3) business day hours.
4. The Care Manager has (3) business day hours to make the determination and notify the provider.

EDS
P.O. Box 23
Boise, Idaho 83707

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PERMIT NO. 220

December Office Closures

The Department of Health and Welfare and EDS offices will be closed for the following State holidays:

Christmas Day, December 25

Claims must be submitted by 10:00 a.m. MT, Wednesday, December 24, to be processed that week.

A reminder that MAVIS (the Medicaid Automated Voice Information Service) is available on State holidays at:

(800) 685-3757 (toll-free) or (208) 383-4310 (Boise local)

EDS Provider Service Representatives, Technical Support, and Provider Enrollment will **not** be available on either Thursday December 25 or Friday December 26.

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:
Becca Ruhl,
Division of Medicaid

Cynthia Brandt,
Publications Coordinator,
EDS

If you have any comments or suggestions, please send them to:

ruhlb@idhw.state.id.us

or

Becca Ruhl
DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036

Fax: (208) 364-1911